Health and welfare services in Canada 1961

PUBLIC HEALTH AND WELFARE SERVICES IN CANADA

A Report Prepared for the
CANADA YEAR BOOK
1961

by the

Research and Statistics Division
Department of National Health and Welfare

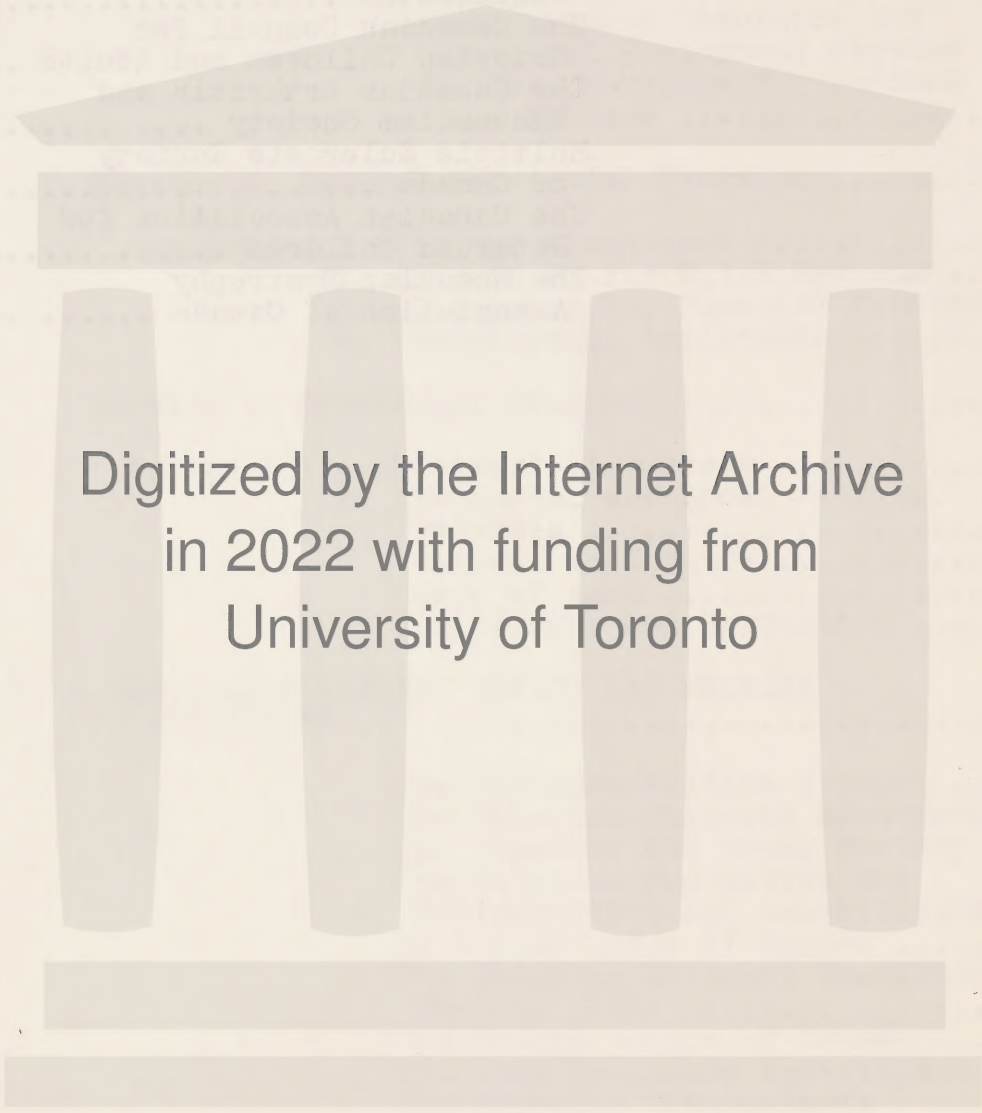
Ottawa, March 1961

m. a.

This booklet deals only with programs on which the Research and Statistics Division reports for the Canada Year Book. Information on Unemployment Insurance, programs for War Veterans and other data prepared by other agencies is therefore not included.

TABLE OF CONTENTS

PART III. (cont'd)



PUBLIC HEALTH AND WELFARE

SERVICES IN CANADA

Introduction

Canada's postwar growth has presented a challenge in the planning of health and welfare services. Population has increased by one half in this period. General high levels of prosperity, growing urbanization, larger numbers of both the young and the old in the population, new concepts and knowledge in both health and welfare matters, have all contributed to new needs for services and to a new interdependence between the different health and welfare professions.

The Hospital Insurance and Diagnostic Services Act, proclaimed in 1957, was extended to cover all provinces for in-patient general hospital services during the year, and some provincial plans were moving in the direction of extended coverage for special hospital and out-patient care. Over two and one half million patients were admitted to general hospitals and over 90 p.c. of almost one half million births occurred in hospitals. Insurance for medical care in Canada was still largely based on voluntary prepayment plans. Approximately one half the population currently carried some insurance protection against the cost of medical care. The possibility of government participation in public medical care, beyond the special provision now existing for certain indigent groups, received increasing public attention.

Development in the sciences related to medicine, improved health services and raised nutritional and other standards have contributed to generally favourable health conditions -- to a declining death rate and a longer expectation of life. Progress against the contagious diseases emphasizes the problems presented by chronic illness and the disabilities of persons in the older age groups. Heart and hypertensive disease, arthritis and rheumatism are among the leading causes of disability, though residual disability from stroke, Parkinson's disease, epilepsy and multiple sclerosis also accounts for large numbers of disabled persons. The death rate for lung cancer continues to increase and cause controversy, and mental illness remains a major problem. Accidents, especially traffic accidents, constitute a steady and tragic problem particularly as they affect children. Also, Canada now shares the world-wide concern for the hazards of radiation from medical and industrial causes as well as from fallout.

Progress in the welfare field has also been so substantial as to concentrate emphasis on remaining problems, and some of these are of considerable magnitude. Rapid urbanization, increasing numbers of older persons in the population and large-scale immigration are among the forces requiring new social approaches. On

the other hand, the growth of the industrial community in Canada has been associated with a marked improvement in the general standard of living. Higher real income has permitted better levels of nutrition and better housing, and improved working conditions and shorter working hours have benefited the industrial worker. During the past decade, urban technical and health services have been extended to the rural population of the country, so that many of the improvements in the national standard of life are being shared more equally by the urban and rural populations.

PART I - PUBLIC HEALTH

SECTION 1 - FEDERAL, PROVINCIAL AND LOCAL HEALTH SERVICES

Provincial governments bear the major responsibility for health services in Canada, with the municipality often assuming considerable authority over matters delegated to it by provincial legislation. The federal government has jurisdiction over a number of health matters of a national character and provides important financial assistance to provincial health and hospital services. All levels of government are aided and supported by a network of voluntary agencies working in different health fields.

Subsection 1 - Federal Health Activities

The Department of National Health and Welfare is the chief federal agency in health matters, but important treatment programs are also administered by the Departments of Veterans Affairs and National Defence. The Dominion Bureau of Statistics is responsible for the collection, analysis and publication of health statistics, the Medical Research Council and the Defence Research Board administer medical research programs, and the Department of Agriculture has certain health responsibilities connected with food production.

The Department of National Health and Welfare controls food and drugs (including narcotics), operates quarantine and immigration medical services, carries out international health obligations, and provides health services to Indians, Eskimos and other special groups. It advises on the visual eligibility of applicants for blindness allowances and co-operates with the provinces in the provision of surgical or remedial treatment for recipients of the allowances. Under the Public Works Health Act, supervision of health conditions is provided for persons employed on federal public works. Other programs of health or medical supervision and counselling are provided to the federal Civil Service, and to the Department of Transport in all matters pertaining to the safety, health and comfort of aircrew and passengers.

The Department serves in an advisory and co-ordinating capacity to the provinces and administers grants to provincial health and national voluntary agencies. Administration of federal aspects of the Hospital Insurance and National Health Grant Programs has become a major activity during the past decade.

Co-ordination with the provinces on health matters is facilitated by the Dominion Council of Health, the principal advisory agency to the Minister of National Health and Welfare. Its membership includes the Deputy Minister of National Health, who acts as chairman, the chief health officer of each province, and five appointees of the Governor in Council representing the universities, labour, agriculture and French- and English-speaking women's organizations. The Council meets semi-annually. Federal-provincial technical advisory committees of the Council deal with specific aspects of public health.

National Health Grant Program. - The National Health Grant Program, inaugurated in 1948, initially made ten federal grants available to the provinces for the development and strengthening of public health and hospital services. Nine are continuing grants: the Hospital Construction, Professional Training, General Public Health, Public Health Research, Mental Health, Tuberculosis Control, Cancer Control, Venereal Disease Control, and Crippled Children Grants. A Health Survey Grant lapsed in 1953 following completion of provincial health surveys. In 1953, after a review of the first five years of the Program, three new grants were established: Child and Maternal Health, Medical Rehabilitation, and Laboratory and Radiological Services.

In 1958, federal assistance under the Hospital Construction Grant was increased to $2,000 per hospital bed (whether active treatment, chronic, mental or tuberculosis), double the previous grant for active treatment beds. In addition, funds were made available to meet up to one third of the cost of approved alterations and renovations to existing facilities, with the provinces at least matching federal contributions.

Beginning with the fiscal year 1959-60 a redistribution and merging of certain grants was effected to provide a more flexible measure of assistance and at the same time make larger amounts available for programs where additional aid was necessary. Adjustments were also required for services aided under different grants, such as laboratory and radiological services and cancer control, now aided under the Hospital Insurance Program. The total allocation remained approximately the same but the number of separate grants was reduced to nine. The General Public Health Grant was increased by almost $5,500,000 and projects under two previously separate grants - the Laboratory and Radiological Services Grant and the Venereal Disease Control Grant - were absorbed into it. The Medical Rehabilitation and Crippled Children

Grant were merged and the combined allocation increased by more than $1,000,000. The Mental Health Grant was increased by more than $1,500,000, and the Professional Training and the Public Health Research Grants by about $1,250,000 each. The Tuberculosis Control Grant was decreased by nearly $3/4 million and the Child and Maternal Health and Cancer Control Grants by lesser amounts. The grants for professional training and public health research, previously fixed amounts, were placed on a per capita basis, to increase with expansion of the population.

Up to March 31, 1960, aid for hospital construction was approved for 84,111 beds, 10,852 bassinets, 16,974 nurses' beds, 436 interns' beds, and space in community health centres and laboratories exceeding 12,561 bed equivalents. Approximately 26,275 health workers had been trained or were undergoing special training and more than 6,000 health workers had been employed with federal grant assistance.

The proportion of the total grants appropriation paid out to the provinces has increased steadily. Payments in 1959-60 totalled $45,997,410 or 84 p.c. of the amount available; the average utilization during twelve years of the program was 75 p.c.

Table 1 - Amounts Available and Amounts and Percentages Expended under the National Health Grant Program by Grant, for the Twelve-Year Period Ended March 31, 1960, and for the Year Ended March 31, 1960.

Grant	1948-60			Year Ended March 31, 1960		
	Amount Available	Amount Expended(1)	Percentage Expended	Amount Available	Amount Expended(1)	Percentage Expended
Cancer Control	46,664,448	32,448,864	69.5	3,598,795	3,598,795	92.5
Crippled Children	6,727,626	4,844,905	72.0	519,898	503,568	96.9
General Public Health	92,855,101	64,737,897	69.7	8,524,000	8,668,716	101.7
Health Survey	645,180	540,960	83.8	-	-	-
Hospital Construction	153,582,532	133,042,985	86.6	17,367,320	14,940,580	86.0
Mental Health	81,485,751	64,088,830	78.7	7,534,868	7,690,718	106.3
Professional Training	6,695,244	7,055,823	105.4	516,300	655,703	127.0
Public Health Research	5,639,948	4,767,839	84.5	512,900	443,894	86.5
Tuberculosis Control	52,784,393	48,810,744	92.5	4,239,531	3,796,324	89.5
Venereal Disease Control	6,486,435	5,589,391	86.2	518,099	441,296	85.2
Child and Maternal Health	13,500,000	9,085,963	67.3	2,000,000	1,842,162	92.1
Laboratory and Radiological Services	55,698,800	17,965,282	32.3	8,524,000	3,012,904	35.3
Medical Rehabilitation	7,500,000	3,708,363	49.4	1,000,000	673,399	67.3
Total	530,265,458	396,687,846	74.8	54,555,711	45,997,410	84.3

(1) Expenditures may exceed 100 p.c. of amounts available, through transfer of unexpended funds from one grant to another.

Hospital Insurance. - In 1961 the federal-provincial hospital insurance program became nation-wide with publicly-financed hospital insurance plans established in all provinces and both territories. The basis of federal grants-in-aid to the provinces to help meet the cost of specified hospital services is set out under the federal Hospital and Diagnostic Services Act of 1957. The method of financing and administering the provincial plans, as well as the types of services offered above the minimum stipulated in the Act, rests with the provinces.

The range of in-patient benefits provided under the Act includes standard ward accommodation and meals, nursing service, drugs and biologicals, surgical supplies, use of operating and case room, x-ray and laboratory procedures together with necessary medical interpretations, and the use of radiotherapy and physiotherapy facilities where available. The same benefits for out-patients, although authorized for assistance under the federal legislation, are not mandatory in provincial plans. A few provinces provide various insured services to out-patients but the majority thus far restrict out-patient benefits to emergency care following an accident.

Federal legislation covers only services provided by active treatment, chronic and convalescent hospitals. Tuberculosis and mental hospitals are excluded from the federal-provincial plan as well as institutions providing custodial care, though some provinces cover tuberculosis and mental services under the provincial programs.

There is considerable variation between provinces in the administration and financing of programs. General revenues, provincial sales tax and personal premiums are utilized in different provinces. The federal government pays each province 25 p.c. of the per capita cost of in-patient services in Canada as a whole, together with 25 p.c. of the per capita cost of in-patient services in a province multiplied by the average for the year of the number of insured persons in the province. On a national basis the federal contribution amounts to about fifty p.c. of shareable costs. However, for individual provinces the proportion of shareable costs met by the federal government varies, with a higher proportion of the cost of low-cost programs being met than of high-cost programs. Federal payments to the provinces under the Program from July 1, 1958 to December 31, 1959 totalled approximately $165,000,000.

Food and Drug Control. - The Food and Drugs, Proprietary or Patent Medicine, and Opium and Narcotic Drug Acts govern the safety, purity and quality as well as the labelling and advertising of all foods, drugs, therapeutic devices and cosmetics. Standards of safety and purity are maintained through constant and

widespread inspection and laboratory research. Standards governing ingredients are formulated and methods of analysis developed in the central Food and Drugs laboratory, where special research is also carried on to establish the safety of new products. Several panels of experts advise on technical and medical problems.

Regulation of the domestic supply of narcotic drugs is maintained through a system of licensed distributors and reports of all stocks subsequently sold or dispensed. Enforcement of the provisions concerning illicit traffic is carried out in collaboration with the Royal Canadian Mounted Police.

Indian and Northern Health Services. - The Department of National Health and Welfare makes available public health, medical and hospital services to a registered population of about 180,000 Indians and 12,000 Eskimos. This program is administered by the Directorate of Indian and Northern Health Services in collaboration with the government departments responsible for the general welfare of these groups - the Department of Citizenship and Immigration for Indians and the Department of Northern Affairs and National Resources for the Eskimo population.

Services are provided directly to about 2,000 small scattered groups through a network of 22 hospitals, 30 clinics, 38 nursing stations and about 80 other health centres staffed by full-time medical officers, graduate nurses, and other health personnel. In areas where departmental staff or facilities are not located, private practitioners and provincial or community health agencies provide care in return for fees for service, payment of per diem rates or through other arrangements. Special emphasis is placed on communicable disease control through health education, field x-ray surveys, protective vaccinations and early treatment where required.

Immigrants. - The Department of National Health and Welfare advises on the administration of sections of the Immigration Act dealing with health, and conducts in Canada and other countries the medical examination of applicants for immigration. It also provides care for immigrants who become ill en route to their destination or while awaiting employment. Further assistance in the provision of hospital and medical services is available to indigent immigrants during their first year in Canada, either from the federal government or from the province with federal sharing of costs.

Quarantine. - Under the Quarantine Act, all vessels, aircraft and other conveyances together with their crew members and passengers arriving in Canada from foreign countries are inspected by quarantine officers to detect and correct conditions that could lead to the entry and spread of quarantinable diseases

in Canada. Fully organized quarantine stations are located at all major seaports and airports.

Under the provisions of the Leprosy Act, modern facilities for the diagnosis and treatment of leprosy are provided at Tracadie, N.B., for the small number of persons in Canada suffering from this disease.

Sick Mariners. - Under the authority of Part V of the Canada Shipping Act, the Department of National Health and Welfare provides prepaid health services for crew members of foreign-going ships arriving in Canada and Canadian coastal vessels in interprovincial trade; crew members of Canadian fishing and government vessels may participate on an elective basis. Hospital care of crew members having residence in Canada is the responsibility of the provincial hospital insurance authority concerned.

Health Research. - Health research in Canada is carried on in universities, hospitals, research institutes and government departments. In the universities this work is done by departments of basic medical sciences, medical and public health departments and special departments or institutes of research. Hospitals used for teaching medical students also carry on considerable research as well as some larger non-teaching hospitals and mental institutions.

The Department of National Health and Welfare, the Medical Research Council, established in November 1960 to take over the work formerly carried on by the National Research Council Medical Division, the Department of Veterans Affairs and the Defence Research Board support extensive programs of research. Other important research centers include the Connaught Medical Research Laboratories, the Banting and Best Institute, the Charles H. Best Institute, the Institute of Microbiology and Hygiene, the Allan Memorial Institute and the Montreal Neurological Institute. Overall expenditures on health research in Canada cannot be established exactly, but may reach to $7,000,000 or $8,000,000 annually.

International Health. - Canada actively assists and co-operates with the World Health Organization and other specialized agencies of the United Nations concerned with health. Capital and technical assistance are provided to underdeveloped countries through the Colombo Plan and other bilateral programs. Training in Canada is provided for a number of persons coming to Canada each year under the different technical co-operation schemes.

To carry out this country's obligations under the International Sanitary Conventions, the Department of National Health and Welfare maintains quarantine measures for ships and aircraft entering Canadian ports and provides accommodation and necessary medical care for persons arriving in Canada who require quarantine.

The Department is responsible for the enforcement of requirements governing the handling and shipping of shellfish under the International Shellfish Agreement between Canada and the United States and, at the request of the International Joint Commission, participates in studies connected with control of pollution of boundary waters between Canada and the United States and with problems caused by atmospheric pollution. Other international health responsibilities include the custody and distribution of biological, vitamin and hormone standards for the World Health Organization and certain duties in connection with the Commission on Narcotic Drugs of the United Nations.

Subsection 2 - Provincial and Local Health Services

Provincial and local health services may be grouped in several broad categories: general public health services, primarily of a preventive nature; services for specific diseases or disabilities combining prevention and treatment; services related to general medical and hospital care; and rehabilitation services for disabled persons.

General Public Health Services. - Provincial and local governments co-operate closely in providing community public health services. The autonomy of the provinces and their social, economic and geographic diversity make for some variety in legislative provisions, in financial arrangements, and in the detailed division of functions between provincial health departments and local and voluntary agencies. Each province, however, offers all or nearly all of a basic range of public health services which includes environmental sanitation, communicable disease control, maternal and child health, occupational health, dental health, health education, nutrition, and public health laboratories.

Environmental Health. - The control of factors in the physical environment which are harmful to physical health is a rapidly expanding area of public health activity. For many years, much of the essential work in this field was related to inspection duties long associated with community health sanitation, such as maintenance of pure milk, water and food supplies, supervision of plumbing and sewage disposal systems and general sanitary conditions in public areas. Increasing industrialization, however, has imposed new responsibilities calling for new techniques in public health engineering and sanitary services. Air pollution, water pollution and radiation protection are emerging as major environmental health problems, necessitating co-ordinated effort by governments and other agencies in research and in planning effective control measures.

Occupational Health. - Services designed to prevent accidents and occupational diseases and to maintain the health of employees are the common concern of provincial health departments.

labour departments, workmen's compensation boards, and industry management. Provincial agencies regulate working conditions and offer consultation and educational services to industry. All provinces have legislation (Factory Acts, Shop Acts, Mines Acts, Workmen's Compensation Acts) setting health safety standards for employment.

Communicable Disease Control. - There are separate divisions of epidemiology or communicable disease control in the six larger provinces; in the Atlantic Provinces these functions are handled by a provincial medical health officer. Local health authorities undertake case-finding and diagnostic services in co-operation with public health laboratories, carry out epidemiological investigations and often participate in tuberculosis and venereal disease control measures.

Maternal and Child Health. - Services for mothers and children are largely decentralized through local units and departments, but most provinces maintain separate divisions or employ consultants to promote better standards. Public health nurses have a prominent place in this work which may include prenatal education, provision for delivery and care of the newborn in remote areas, home visits, child health clinics and school health services.

Nutrition. - Services include technical guidance, education, consultation and research. In some provinces school lunch programs are also sponsored and dietary supplements distributed. Five provinces have special nutrition divisions; elsewhere nutritionists serve in other divisions of the health department.

Health Education. - In most provinces experience has demonstrated the need for a professional full-time "health educator" as a member of the public health team. Nine provinces have separate divisions or units to co-ordinate the dissemination of health information through all available media.

Public Health Laboratories. - The public health laboratory, an essential facility in the protection of community health and the control of infectious diseases, was one of the earliest provincial services developed to assist local public health departments. Work performed includes bacteriological examination of water, milk and food samples, the examination of specimens for diagnosis of communicable disease and pathological special services. Each province maintains a central public health laboratory and most provinces have established additional branch laboratories. Recent trends in some provinces include efforts to co-ordinate public health and hospital laboratory services, special measures to bring laboratory facilities to rural areas, and devices to reduce the direct cost of clinical laboratory procedures to the individual.

Services for Specific Diseases or Disabilities. - Each province has developed special programs to deal with health problems of particular severity and prevalence, many of which are chronic or long-term in nature. The services and facilities provided are generally similar across the country.

Mental Health. - Major developments in provincial mental health programs have included the expanding and modernizing of mental hospitals, the training of various kinds of psychiatric personnel and the extension of community mental health services outside mental institutions. Assistance to patients in securing employment and in social adjustment following discharge from mental hospitals - a relatively new field of rehabilitation - is being promoted by voluntary groups and government agencies in several provinces.

With the exception of the municipally owned local institutions in Nova Scotia and hospitals in Quebec that operate under religious or lay auspices, most mental institutions are administered by provincial authorities. A great part of the cost is borne by the provincial governments, though a charge, according to ability to contribute, may be made for care in some provinces. Newfoundland and Saskatchewan provide complete free care; Manitoba assumes a minimum maintenance cost for all patients; in Nova Scotia the provincial hospital gives free care to patients requiring active treatment; and in Ontario and Prince Edward Island mental institution treatment is included in the hospital care insurance plan.

Most public mental institutions provide care and treatment for all types of mental illness; as facilities expand, it is becoming possible to segregate those under intensive treatment from those receiving long-term care. Some provinces maintain separate accommodation for certain categories of the mentally ill. For example, in British Columbia and Alberta, homes for the senile aged are an integral part of the mental institution system. Quebec has separate institutions for epileptics. Seven provinces operate schools for residential treatment and education of mentally defective persons and one of the three other provinces, New Brunswick, enacted legislation in 1958 authorizing the government to support the maintenance of mentally retarded children in approved homes. Increasing numbers of local day classes, usually sponsored by parent organizations, offer training opportunities for mentally deficient children in the community.

As the needs of patients are more fully understood and better methods of treatment develop, the daily routine of the mental patient is becoming less restrictive, as is shown by the increasing number of persons coming voluntarily for treatment. Custodial care and locked doors are giving way to open wards where patients may have unrestricted access to grounds, occupational and recreational areas.

One of the greatest changes in the past decade has been in the extension of community mental health services outside mental institutions. General hospitals have expanded their psychiatric services in both in-patient and out-patient departments. About 30 general hospitals have organized units where psychiatric treatment is provided by professional staffs. Out-patient clinics where mental illness may be treated at an early stage and guidance services given to children and parents also play an important part in the treatment of mental illness outside mental institutions. Fewer than 20 mental health clinics existed in 1948. Groups active in the subsequent large expansion include provincial health departments, municipalities or health units, mental institutions, general and allied special hospitals, school boards and voluntary organizations.

Day and night care centres, another departure from the traditional form of custodial care, developed first in Montreal a decade ago as part of the psychiatric service of two large general hospitals. Similar centres, admitting patients on a nine-to-five basis or in the evening after work, are now conducted at St. John's in Newfoundland, at Toronto and Cobourg in Ontario, and at Burnaby in British Columbia.

Cerebral Palsy. - Children suffering from cerebral palsy in most larger cities are able to attend out-patient and training centres, many of which have been organized by parent groups. A number of general and children's hospitals have also established assessment and treatment facilities for cerebral palsied children. Buses to transport children to day centres and hospital clinics in most communities are provided and operated by local service clubs or provincial crippled children societies. Attendance fees are usually nominal with financial support of the centres coming from local voluntary contributions, provincial governments and federal health grants. Training and employment programs for young adult cerebral palsied persons are also being developed in a few cities.

Tuberculosis. - Despite greatly reduced mortality from tuberculosis and evidence of some lowering in incidence, the number of cases discovered through provincial detection programs indicates that it is still a public health problem. Case-finding efforts are being focussed increasingly on selected groups particularly vulnerable through tuberculin tests as a means of detecting infected persons. The work of case-finding is supported substantially by voluntary campaigns conducted by the Canadian Tuberculosis Association.

Sanatoria treatment is free in Newfoundland, Nova Scotia, New Brunswick, Manitoba, Saskatchewan and Alberta, and is included in the hospital insurance benefits which came into effect in Ontario in January, 1959. Even in those provinces where a charge

for sanatoria care may be made, the amount collected from paying patients is a very small percentage of total costs.

The number of beds set up in sanatoria and in tuberculosis units of general hospitals declined from a peak of 18,977 in 1953 to 13,538 in 1959. This decline in bed use has resulted from such factors as a decrease in the number of admissions, detection of cases in earlier stages of the disease, and improved treatment methods by drugs and surgery. Provision has been made in several provinces to furnish drugs for home treatment. Facilities for the vocational rehabilitation of discharged patients have been developed in all provinces, and increasing numbers are being re-established in suitable employment.

Cancer. - Health departments and lay and professional groups working for the control of cancer have been concerned mainly with four aspects of the problem - diagnosis, treatment, research and public education. In the detection and treatment of cancer, specialized medicine, hospital services and an expanding public health program are closely related. There are programs operating under health departments in four provinces; an equal number have provincially supported cancer agencies or commissions. These sponsor the work of diagnosis and treatment in special clinics located usually within the larger general hospitals. Under the provincial hospital insurance plans, the benefits pertaining to in-patient care in the treatment of cancer are essentially similar in ten provinces and include such special services as diagnostic radiology, laboratory tests and radiotherapy. In at least five provinces these benefits also apply to out-patients. In others, the previous pattern of services to out-patients - that of assessing costs of treatment in relation to ability to pay - is still in effect. Comprehensive free medical programs for cancer patients, which have long operated in Saskatchewan and Alberta, continue unchanged.

Poliomyelitis. - Through agreements with the federal government, all provincial health departments have made Salk vaccine available for free inoculation of children and are encouraging older age groups to avail themselves of the protection of this vaccine. During 1959, the incidence of paralytic poliomyelitis rose in all provinces to its highest level since vaccination began, while the national total was the second largest in the previous ten years. By far the greatest proportion of cases occurred among unvaccinated persons. Very few who had received the prescribed number of inoculations contracted the disease.

Previously existing programs offering free standard ward hospital care to poliomyelitis patients have now become incorporated in the federal-provincial hospital insurance schemes. In the provision of restorative services through remedial surgery,

physiotherapy and hydrotherapy and the aid of prosthetic appliances, both provincial departments of health and voluntary societies have a part. Post-poliomyelitic patients may receive vocational training under provincial rehabilitation schemes; boards of education operate special classes for physically handicapped children.

Dental Health. - All provincial health departments have dental health divisions which administer programs, varying under local conditions, but directed almost entirely to health education and the care of children. Training of dentists and dental hygienists in public health, the operation of children's preventative and treatment clinics, and health education are being undertaken in all provinces. Water fluoridation projects, involving an overall total of more than a million people are in operation in seven provinces.

Three provinces, Alberta, Manitoba, and Nova Scotia are setting up, in conjunction with their dental schools, special courses for dental hygienists.

In all ten provinces free clinical care is provided for children in remote rural areas by the use of mobile units. One province uses two railway-coach dental clinics to serve remote areas. A successful locally-sponsored plan in which the cost of dental services for children is shared between the local community and the provincial health department is in operation in more than 70 communities in British Columbia; the sponsoring group decides whether registration for treatment may be free or on the payment of a nominal sum.

Venereal Disease. - Free diagnostic and treatment services are available in all provinces but the operation of government clinics is being increasingly superseded by the method of supplying free drugs to private physicians who are reimbursed for treatment of indigents on a fee-for-service basis.

Alcoholism. - Ontario, Manitoba, Alberta and British Columbia carry out research and education programs and operate centres for treatment, supported largely by public funds. Ontario, Saskatchewan and Alberta also have rehabilitation programs for alcoholic inmates of reform institutions. Recent legislation in Newfoundland and Nova Scotia authorizes the setting up of similar agencies to initiate research and education studies.

Other Diseases or Disabilities. - Services for a number of chronic disabilities, such as heart disease, arthritis, diabetes, visual and auditory impairments and paraplegia, have been developed largely by voluntary agencies, assisted by federal and provincial funds. A brief description of the programs of some of these agencies is given in Part III, which deals with national voluntary health and welfare activities.

Public Medical Care. - Public medical care programs for the general population exist in three provinces, but are limited to residents of particular areas. Approximately one half of Newfoundland's population receive physician's services at home or in hospital under the provincially administered Cottage Hospital Plan which is financed in part on a premium basis. Medical indigents not under the Plan may also receive care at provincial expense. In addition, all Newfoundland children under the age of 16 years are entitled to free medical and surgical care in hospital. In Manitoba and Saskatchewan, locally operated municipal-doctor programs cover about 30,000 and 167,000 persons, respectively. The Swift Current Health Region in Saskatchewan operates a comprehensive prepaid medical-dental care scheme for about 50,000 persons. These latter programs are subsidized to some extent by provincial health departments.

For some years Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia have provided health service programs for regular social assistance recipients - persons in receipt of means tested old age security supplements, old age assistance, blindness and disability allowances, mothers' allowances, and in some provinces, certain child welfare cases. However, Nova Scotia covers only mothers' allowance recipients and their dependents and blindness allowance recipients, and in Saskatchewan, old age assistance recipients are the responsibility of the municipality of residence.

Under the Ontario program, the major medical services offered are physician's care in the home and office, including certain minor surgical procedures and prenatal and postnatal care. Since January 1, 1959, basic dental care has been available to the children of mothers' allowance recipients. In addition to these medical services, Nova Scotia provides major and minor surgical and obstetrical services and medical attendance in hospital. The programs in Saskatchewan, Alberta and British Columbia give complete medical care in the home, office and hospital, including surgical and obstetrical services, specified prescription drugs (except in Alberta, and with a dollar limitation in Saskatchewan) and dental and optical care, sometimes only on authorization and/or with dollar limits. All of these plans are completely provincially financed, except in British Columbia where costs are shared on a 90-10 basis with the municipalities assuming their share on a proportionate population basis, and in Ontario where per capita contributions towards the cost of medical services for the assistance group are shared on an 80-20 basis with the municipality of residence. In 1960, Manitoba broadened its program of provincial social assistance to include a comprehensive program of health care for cases of need among the aged and infirm, including those in nursing homes or institutions, the blind, and the physically or mentally disabled, mothers with custody of dependent children and neglected children. Services provided include

medical, surgical, optical, and dental care, essential drugs, remedial care and treatment including physiotherapy, emergency transportation, and chiropractic treatment.

Indigent persons not covered by these programs, as well as indigents in other provinces, may receive necessary care from the municipalities of residence. In general, where costs are assumed by the municipality, there is some form of cost-sharing arrangement with the provincial government.

Health Statistics. - Statistical information on the health of Canadians is at present limited to the well established and highly standardized mortality, communicable disease and institutional statistics series, all of which have been available for a long period. As compared with these records, other national health statistics are still in an early development stage. So far the only source of information on general illness, health services and personal expenditure for health care is the Canadian Sickness Survey of 1950-51. Other projects deal with specific health problems or selected groups of the population and much of the statistical information is available from provincial and other health sources.

Rehabilitation Services. - Expansion of rehabilitation services in all provinces indicates growing success in prevention and control of many disabling conditions, and broader understanding of the needs of handicapped persons. Following the earlier rehabilitation programs organized for injured workers, disabled war veterans and such groups as the blind and the tuberculous, there has been continued progress in the development of services for other disability groups and special medical, vocational, educational and social services for the handicapped. More emphasis is being given to extending comprehensive services to all handicapped, regardless of disability, and to strengthening national, provincial and community bodies concerned with planning and co-ordination. The broadening scope of rehabilitation programs and the movement toward integration of the numerous specialized services are exemplified by the liaison developed between two of the large national voluntary agencies, the Canadian Council for Crippled Children and Adults and the Canadian Foundation for Poliomyelitis and Rehabilitation, as well as by the steady growth of the official provincial rehabilitation programs and the development of co-ordinated community services for the handicapped. Concurrently there has been more attention given to improving treatment and social services for mentally ill persons, mentally retarded children, alcoholics, cerebral palsied children and other disability groups.

Rehabilitation services for persons handicapped by physical or mental defects are organized under voluntary and public auspices as part of general health, welfare or education programs,

and also by specialized agencies that provide one or more rehabilitation services. In many of the larger cities, these facilities include hospital physical medicine and rehabilitation departments and special clinics for particular disabilities, separate rehabilitation centres, sheltered workshops, vocational counselling, training and job-placement agencies, and special classes, schools and other combined treatment and education centres for handicapped children. Home care services such as nursing, physical and occupational therapy and housekeeping services, employment of the homebound and recreational services have been started by a few agencies, but their coverage is generally limited.

The main elements of the nation-wide rehabilitation program, introduced in 1953, are supported by joint federal-provincial programs for the co-ordination of rehabilitation services, the vocational training of disabled persons, and the National Health Grants designated for the extension of medical rehabilitation and crippled children's services and for the rehabilitation of the mentally ill or deficient, the tuberculous and other chronically ill. Vocational assessment and counselling of the handicapped is provided by rehabilitation officers attached to the provincial rehabilitation services and by some of the other rehabilitation agencies and centres. Medical rehabilitation services are made available through the provincial public assistance medical care schemes, hospital insurance plans, public health services, the voluntary agencies and various Health Grant projects. The main responsibility for job placement of persons with occupational handicaps is carried by about 165 special placement officers located in the larger National Employment Service offices across the country, although some rehabilitation agencies also do placement work, especially of the severely handicapped. The federal government also provides direct services through the programs administered by the Department of Veterans Affairs which operates special centres for the treatment of chronically ill and aging veterans, by the Department of Citizenship and Immigration for physically and socially handicapped Indians, and by the Department of Northern Affairs and National Resources for the resettlement of Eskimos suffering from disability.

In the year ended March 31, 1960, federal-provincial expenditures, shared under the Co-ordination of Rehabilitation of Disabled Persons Agreements administered by the Department of Labour, increased to $228,268. The cost of support of 1,462 disabled persons reported as rehabilitated was $923,240 during the year prior to acceptance as compared with estimated annual earnings of $2,683,403 after placement in jobs. The total vocational training expenditures under the Special Vocational Training Projects Agreements, also a matching grant administered by the Department of Labour, increased to $566,573 for the training of 1,344 disabled persons enrolled in a wide range of vocational

courses. The number of special placements of handicapped persons who required assistance in finding work during 1959 increased to 17,940, or 20 p.c. higher than for 1958.

Expenditures on projects under the Medical Rehabilitation Grant and Crippled Children Grant (a portion of these funds being on a matching basis) amounted to $1,176,968 of the $1,520,000 available from federal funds in the year ended March 31, 1960. Through the 75 projects approved under these grants, equipment was provided for 16 hospitals and rehabilitation centres, and support was given for the extension of services by 13 rehabilitation centres, 10 hospital centres and clinics, 17 cerebral palsy training centres, five crippled children's services, and by seven of the provincial programs. Other projects supported the full-time professional training of 31 rehabilitation personnel with additional bursaries for short courses, and also the operation of four schools of physical, occupational and speech therapy.

Subsection 3 - Health Services in the Yukon and Northwest Territories

Health Services in the two Territories are operated under conditions considerably different from those in the provinces. Extensive sparsely settled areas, climatic conditions, lack of local government and direct federal administration constitute a basic set of conditions under which health services for both native and white populations, outside the few settled areas, are provided by government agencies or religious organizations. The Yukon Territorial Government, the Northwest Territories Council, the Directorate of Indian and Northern Health Services of the Department of National Health and Welfare, the Department of Northern Affairs and National Resources and the Department of National Defence are all concerned with the provision of services.

Complete health services are supplied to Indians and Eskimos by Indian and Northern Health Services. Particular emphasis is given to tuberculosis, and mass x-ray programs are carried out annually. The Eastern Arctic is served by the annual Eastern Arctic Patrol as well as by medical health officers. In the Western Arctic, medical officers and nursing stations are located at strategic points and a travelling dentist is employed. Persons who cannot be cared for locally are transferred to federal hospitals in the provinces.

In the Yukon Territory, services for the white population are administered through the Commissioner for the Yukon and include complete treatment for tuberculosis and poliomyelitis patients and hospital care for indigent residents. Public health services include communicable disease control, public health nursing, sanitary inspection and tuberculosis case-finding.

The Northwest Territories in March 1960 concluded an agreement with the federal government concerning hospital insurance to become effective on April 1, 1960. Health programs for the white population include treatment for tuberculosis and venereal disease as well as dental care for children under 17 years of age and hospital care for the mentally ill. Cancer diagnosis is provided through the Edmonton Clinic. Indigent residents are eligible for medical, dental and optical services as well as for general hospital care.

PART II - PUBLIC WELFARE AND SOCIAL SECURITY

Responsibility for social welfare is shared by all levels of government. Costly income maintenance measures such as old age security and family allowances, or programs such as unemployment insurance and the National Employment Service where nation-wide co-ordination is required are administered federally. Substantial federal aid is given to the provinces in meeting the costs of social assistance. The federal government also provides services for special groups such as Indians, Eskimos, and immigrants.

The Department of National Health and Welfare is the agency generally responsible for federal welfare matters; the Departments of Veterans Affairs, Citizenship and Immigration, and Northern Affairs and National Resources also operate important programs. The Unemployment Insurance Commission is responsible for the operation of unemployment insurance and the National Employment Service.

Administration of welfare services is primarily a responsibility of the province but the provision of services is often assumed by local authorities, generally with financial aid from the province.

SECTION 1 - FEDERAL GOVERNMENT PROGRAMS

Subsection 1 - Family Allowances

The Family Allowances Act of 1944 is designed to assist in providing equal opportunity for all Canadian children. The allowances do not involve a means test and are paid entirely from the federal Consolidated Revenue Fund. They do not constitute taxable income but there is a smaller income tax exemption for children eligible for allowances.

Allowances are payable in respect of every child under the age of 16 years who was born in Canada, or who has been a resident of the country for one year, or whose father or mother was domiciled in Canada for three years immediately prior to the birth of

the child. Payment is made each month, normally to the mother, although any person who substantially maintains the child may be paid the allowance on his behalf. Allowances are paid at the monthly rate of $6 for each child under 10 years of age and $8 for each child 10 or over but under 16 years. The allowances are paid by cheque, except for some Eskimo and Indian children in remote areas for whom payment is made largely in kind because of lack of exchange facilities and the desirability for education in the use of nutritive foods.

If the allowances are not spent for the purposes outlined in the Act, payment may be discontinued or made to some other person or agency on behalf of the child. Allowances are not payable for any child who fails to comply with provincial school regulations or on behalf of a girl who is married and under 16 years of age.

The program is administered by the Department of National Health and Welfare through regional offices located in each provincial capital. A welfare section in each regional office deals with welfare questions arising from administration of the allowances. Issuing of the cheques is the responsibility of the treasury division of each regional office, which reports to the Chief Treasury Officer of the Department of Finance attached to the Department of National Health and Welfare. The Regional Director for the Yukon and Northwest Territories is located in Ottawa.

Through the Department of Citizenship and Immigration, the federal government pays family assistance at the rate of $5 a month for each child under 16 years of age supported by an immigrant who has landed for permanent residence in Canada, or by a Canadian returning to Canada to reside permanently. This allowance, which is paid quarterly and for a maximum period of one year, is not payable to a child receiving family allowances.

1. -- Family Allowances Statistics, by Province, Years Ended March 31, 1957-60

Province and Year	Families Receiving Allowance in March	Children for Whom Allowance Paid in March	Average Number of Children per Family in March	Average Allowance(1)		Net Total Allowances Paid during Fiscal Year
				Per Family	Per Child	
	No.	No.	No.	$	$	$
Newfoundland.....1957	59,572	181,237	3.04	18.31	6.02	12,881,415
1958	60,961	187,035	3.07	20.40	6.65	14,131,153
1959	62,203	192,030	3.09	20.57	6.66	15,162,900
1960	63,245	196,447	3.11	20.72	6.67	15,566,372
Prince Edward Island...1957	13,067	36,173	2.77	16.86	6.09	2,640,585
1958	13,240	36,839	2.78	18.61	6.69	2,824,310
1959	13,443	37,426	2.78	18.72	6.72	2,994,334
1960	13,648	38,174	2.80	18.83	6.73	3,062,692
Nova Scotia.....1957	99,957	248,827	2.49	15.13	6.08	17,973,392
1958	101,509	253,713	2.50	16.71	6.68	19,400,493
1959	103,105	258,684	2.51	16.79	6.69	20,560,462
1960	103,872	261,720	2.52	16.89	6.70	20,932,794
New Brunswick.....1957	77,833	218,703	2.81	17.05	6.07	15,779,360
1958	79,337	224,047	2.83	18.89	6.68	17,074,970
1959	80,857	229,505	2.84	19.00	6.69	18,201,515
1960	81,541	232,891	2.86	19.15	6.70	18,588,795
Quebec.....1957	642,573	1,729,386	2.69	16.39	6.09	124,368,344
1958	664,852	1,786,800	2.69	18.02	6.70	136,080,634
1959	686,872	1,848,138	2.69	18.01	6.69	146,278,435
1960	704,831	1,894,276	2.69	18.00	6.70	150,462,531
Ontario.....1957	800,279	1,734,813	2.17	13.05	6.02	122,539,123
1958	833,495	1,825,274	2.19	14.59	6.66	136,706,314
1959	870,582	1,922,653	2.21	14.69	6.65	150,186,253
1960	894,046	1,997,413	2.23	14.87	6.65	156,681,500
Manitoba.....1957	122,386	276,912	2.26	13.65	6.03	19,888,717
1958	124,257	283,863	2.28	15.22	6.66	21,520,778
1959	126,989	292,697	2.30	15.34	6.66	23,091,594
1960	128,923	300,305	2.33	15.51	6.66	23,730,765
Saskatchewan.....1957	126,271	298,085	2.36	14.31	6.06	21,644,971
1958	127,904	306,045	2.39	15.89	6.64	23,241,829
1959	130,210	313,926	2.41	16.03	6.65	24,789,278
1960	131,320	319,788	2.43	16.23	6.66	25,363,936
Alberta.....1957	172,533	395,234	2.29	13.76	6.00	27,953,311
1958	179,237	414,550	2.31	15.36	6.64	31,029,720
1959	187,561	437,883	2.33	15.51	6.64	34,122,637
1960	193,721	457,672	2.36	15.69	6.64	35,765,854

(1) Based on gross payment for March.

1. -- Family Allowances Statistics, by Province, Years Ended March 31, 1957-60 (Cont'd)

Province and Year	Families Receiving Allowance in March	Children for Whom Allowance Paid in March	Average Number of Children per Family in March	Average Allowance(1)		Net Total Allowances Paid during Fiscal Year
				Per Family	Per Child	
	No.	No.	No.	$	$	$
British Columbia.....1957	207,626	440,749	2.12	12.86	6.06	31,029,472
1958	217,009	466,169	2.15	14.35	6.68	34,969,036
1959	225,492	488,891	2.17	14.49	6.68	38,409,308
1960	230,549	506,895	2.20	14.72	6.69	39,984,176
Yukon and Northwest Territories.....1957	4,794	11,317	2.36	14.00	5.93	819,150
1958	5,033	12,045	2.39	15.87	6.63	907,321
1959	5,267	13,423	2.55	17.21	6.75	990,349
1960	5,568	14,408	2.59	16.44	6.35	1,074,944
CANADA.....1957	2,326,891	5,571,436	2.39	14.49	6.05	397,517,840
1958	2,406,734	5,796,380	2.41	16.08	6.68	437,886,560
1959	2,492,581	6,035,256	2.42	16.15	6.67	474,787,068
1960	2,551,264	6,219,989	2.44	16.27	6.67	491,214,359

(1) Based on gross payment for March.

Subsection 2 - Old Age Security

The Old Age Security Act of 1952, as amended, provides a universal pension of $55 a month, payable by the federal government to all persons aged 70 or over, subject to a residence qualification. To qualify for pension a person must have resided in Canada for ten years immediately preceding its commencement or, if absent during that period, must have been actually present in Canada prior to it for double any period of absence and must have resided in Canada at least one year immediately preceding commencement of pension. A 1960 amendment to the Act provides that payment of pension may be continued for any period of residence outside Canada if the pensioner has resided in Canada for at least 25 years after attaining the age of 21, or, if he has not, it may be continued for six consecutive months exclusive of the month of departure from Canada.

Until 1959, the pension was financed on a pay-as-you-go method through a 2 p.c. sales tax, a 2 p.c. tax on corporation income and, subject to a limit of $60 a year, a 2 p.c. tax on personal income. Effective January 1, 1959, the tax on corporation income and from April 9, 1959, the sales tax, were raised to 3 p.c. The rate on taxable personal income was raised to 3 p.c., with a maximum of $75 for 1959. Beginning with 1960, the maximum tax on taxable personal income rose to $90 a year. Taxes are paid into the Old Age Security Fund. If they are insufficient to meet the pension payments, temporary loans or grants are made from the Consolidated Revenue Fund. The pension is paid from the Consolidated Revenue Fund and charged to the Old Age Security Fund. The program is administered by the Department of National Health and Welfare through regional offices located in each provincial capital.

Persons in receipt of old age assistance (see p. 26) who reach age 70 are automatically transferred to old age security. Others make application to the regional office.

British Columbia, Alberta and Saskatchewan make supplementary payments to those recipients of old age security who qualify under a means and residence test. In British Columbia the allowance may not exceed $24 a month, in Alberta $15 a month, and in Saskatchewan it is a minimum of $2.50 a month rising to a maximum of $10 a month. In Ontario, the provincial government shares to the extent of 80 p.c. in the first $20 a month of supplement paid by a municipality to a needy recipient of old age security. In Manitoba, the province may pay a social allowance to a recipient of old age security unable to provide the basic necessities of life. In some provinces and in Yukon Territory, recipients of the pension who are in special need may be eligible for relief.

2. Operations of the Old Age Security Fund, Years Ended March 31, 1956-60

Item	Year Ended March 31 -				
	1956	1957	1958	1959	1960
	$	$	$	$	$
Revenue.....	366,218,474	379,111,374	473,859,104	559,279,858	574,887,046
Individual income tax.....	102,500,000	124,999,000	135,001,000	146,350,000	185,550,000
Corporation income tax.....	53,328,000	67,336,000	60,664,000	55,328,000	91,336,000
Sales tax.....	160,377,617	179,270,141	175,792,442	173,622,697	270,000,055
Grant from Consolidated Revenue Fund.....	-	6,000,000	102,401,662	183,979,162	-
Loan from Consolidated Revenue Fund.....	50,012,857[1]	1,506,233[1]	-	-	28,000,991
Expenditure (Benefit Payments).....	366,218,474	379,111,374	473,859,104	559,279,858	574,887,046

[1] Loans from Consolidated Revenue were written off by grants from the Consolidated Revenue Fund in following fiscal years.

3. -- Old Age Security Statistics, by Province, Years Ended March 31, 1957-60

Province or Territory and Year	Pensioners in March	Pensions Paid during Fiscal Year (net)
	No.	$
Newfoundland.....1957	16,248	7,738,205
1958	16,557	9,490,737
1959	16,782	11,012,906
1960	17,008	11,131,339
Prince Edward Island.....1957	6,993	3,371,370
1958	7,100	4,139,668
1959	7,153	4,809,942
1960	7,278	4,823,008
Nova Scotia.....1957	38,860	18,706,153
1958	39,694	23,008,418
1959	40,395	26,780,353
1960	40,679	27,012,650
New Brunswick.....1957	28,170	13,528,005
1958	28,956	16,747,674
1959	29,509	19,583,702
1960	29,965	19,906,303
Quebec.....1957	168,407	79,650,588
1958	174,476	99,490,164
1959	179,829	116,993,184
1960	184,500	120,318,812
Ontario.....1957	291,493	138,792,796
1958	301,183	172,804,152
1959	310,094	203,257,138
1960	317,727	208,616,082
Manitoba.....1957	47,908	22,842,472
1958	50,079	28,562,399
1959	52,066	34,029,850
1960	53,284	35,046,515
Saskatchewan.....1957	48,984	23,334,799
1958	51,300	29,420,360
1959	53,469	35,099,989
1960	55,233	36,311,467
Alberta.....1957	50,524	23,942,472
1958	53,319	30,443,217
1959	55,968	36,534,769
1960	58,386	38,153,437
British Columbia.....1957	99,320	46,923,834
1958	104,297	59,408,009
1959	108,396	70,769,169
1960	111,742	73,155,743
Yukon and Northwest Territories.....1957	579	280,680
1958	599	344,305
1959	623	408,856
1960	608	411,690
Canada.....1957	797,462	379,111,374
1958	847,560	473,859,103
1959	891,304	559,279,85
1960	936,910	574,887,04

Subsection 3 - Other Federal Government Programs

Unemployment Insurance and National Employment Service. - In 1940, by an amendment to the British North America Act, the federal government was given jurisdiction in the field of unemployment insurance and the Unemployment Insurance Act was passed, establishing a national system of unemployment insurance which is outlined in Chapter XVII.

The National Employment Service is operated in conjunction with the unemployment insurance scheme. It is administered through local employment and claims offices and supervised by the Department of Labour.

Welfare Services for Indians and Eskimos. - The welfare of Indians and Eskimos is administered by the Department of Citizenship and Immigration and the Department of Northern Affairs and National Resources, respectively.

SECTION 2 - FEDERAL-PROVINCIAL PROGRAMS

Subsection 1 - Old Age Assistance

The Old Age Assistance Act of 1952, as amended, provides for federal reimbursement to the provinces for assistance to persons aged 65 or over who are in need and who have resided in Canada for at least ten years or who, if absent from Canada during this period, have been present in Canada prior to the commencement of the ten-year period for double any period of absence. On reaching age 70 a pensioner is transferred to old age security. The federal contribution may not exceed 50 p.c. of $55 a month or of the assistance paid, whichever is less. The province administers the program and, within the limits of the federal Act, may fix the amount of assistance payable, the maximum income allowed and other conditions of eligibility. All provinces and territories use a maximum payment of $55 a month.

For an unmarried person, total income allowed, including assistance, may not exceed $960 a year. For a married couple it may not exceed $1,620 a year or, when the spouse is blind within the meaning of the Blind Persons Act, $1,980 a year. Assistance is not paid to a person receiving an old age security pension or an allowance under the Blind Persons Act, the Disabled Persons Act, or War Veterans Allowance Act.

British Columbia, Alberta and Yukon Territory make supplementary payments to recipients of old age assistance who qualify under a means and residence test. In British Columbia the allowance may not exceed $24 a month, in Alberta $15 a month, and in

7. -- Old Age Assistance Statistics, by Province, Years Ended March 31, 1957-60

Province and Year	Recipients in Month of March	Average Amount of Monthly Assistance	P.C. of Recipients to Population Age 65-69	Federal Government Contribution during Year
	No.	$		$
Newfoundland.....1957	4,893	38.08(1)	52.61	1,016,721
1958	5,119	53.63(2)	57.52	1,298,770
1959	5,378	53.20	61.11	1,715,386
1960	5,377	53.15	61.10	1,736,291
Prince Edward Island..1957	580	28.04	17.58	98,220
1958	659	45.55(2)	19.97	142,258
1959	756	44.45	22.24	191,759
1960	750	45.69	22.06	204,935
Nova Scotia.....1957	4,950	33.95	25.26	1,026,319
1958	5,219	50.15(2)	26.10	1,318,055
1959	5,485	49.40	27.29	1,611,693
1960	5,477	48.82	27.11	1,619,495
New Brunswick.....1957	5,624	36.92	37.74	1,276,064
1958	5,724	52.46(2)	37.17	1,559,905
1959	5,795	51.62	37.63	1,829,266
1960	5,682	51.33	36.90	1,788,696
Quebec.....1957	31,031	37.47	30.01	7,159,030
1958	32,318	52.45(2)	30.84	8,702,893
1959	34,134	51.88	32.23	10,593,250
1960	34,312	51.69	31.65	10,688,586
Ontario.....1957	20,744	36.93	12.59	4,677,968
1958	21,077	51.76(2)	12.56	5,650,281
1959	22,381	48.96	13.28	6,707,318
1960	22,544	48.79	13.15	6,608,363
Manitoba.....1957	4,560	37.88	16.17	1,065,848
1958	4,474	53.37(2)	15.48	1,297,115
1959	4,836	51.98	17.27	1,572,890
1960	4,998	51.55	17.79	1,580,928
Saskatchewan.....1957	4,963	37.11	17.35	1,159,833
1958	5,129	52.52(2)	17.45	1,435,188
1959	5,537	51.35	19.50	1,763,549
1960	5,726	50.64	20.30	1,757,281
Alberta.....1957	5,400	36.14	17.88	1,220,050
1958	5,715	51.33(2)	18.26	1,538,751
1959	6,096	50.62	19.54	1,877,243
1960	6,336	50.52	20.05	1,955,780
British Columbia.....1957	7,029	37.67	13.73	1,669,790
1958	6,906	52.91(2)	12.86	1,979,058
1959	7,276	51.96	13.73	2,291,662
1960	7,391	51.67	14.21	2,353,789

7. -- Old Age Assistance Statistics, by Province, Years Ended March 31, 1957-60 (Cont'd)

Province and Year	Recipients in Month of March	Average Amount of Monthly Assistance	P.C. of Recipients to Population Age 65-69	Federal Government Contribution during Year
	No.	$		$
Yukon Territory.....1957	31	40.00	16.67	6,640
1958	41	46.00(3)	21.47	9,726
1959	38	55.00	19.90	13,280
1960	52	54.90	27.23	14,982
Northwest Territories.1957	102	37.96	59.30	22,619
1958	103	53.99(2)	48.58	29,385
1959	124	51.20	58.49	39,989
1960	128	52.39	60.38	40,267
Canada.....1957	89,907	37.03	19.81	20,399,105
1958	92,484	52.19	19.94	24,961,383
1959	97,836	50.97	20.91	30,207,284
1960	98,773	50.74	21.11	30,349,393

(1) During fiscal year maximum assistance was raised from $30 to $40 per month.
(2) During fiscal year maximum raised from $40 to $55 a month.
(3) During fiscal year monthly maximum raised from $40 to $46; raised to $55 in May 1958, retroactive to November 1, 1957.

the Yukon $10 a month. In Ontario, the provincial government shares to the extent of 80 p.c. in the first $20 a month of the supplement paid by a municipality to a needy recipient of old age assistance. In Manitoba, the province may pay a social advance to a recipient of old age assistance unable to provide the basic necessities of life. In some provinces and in the Yukon, recipients of old age assistance who are in special need may be eligible for relief.

Subsection 2 - Allowances for Blind Persons

The Blind Persons Act of 1952, as amended, provides for federal reimbursement to the provinces for allowances to blind persons aged 18 or over who are in need and who have resided in Canada for at least ten years. The federal contribution may not exceed 75 p.c. of $55 a month or of the allowance paid, whichever is less. The province administers the program and, within the limits of the federal Act, may fix the amount of allowance payable and the maximum income allowed. All provinces use a maximum payment of $55 a month.

To qualify for an allowance a person must meet the required definition of blindness and have resided in Canada for ten years immediately preceding commencement of allowance or, if absent from Canada during this period, must have been present in Canada prior to its commencement for a period equal to double any period of absence.

For an unmarried person, total income including the allowance may not exceed $1,200 a year; for a person with no spouse but with one or more dependent children, $1,680; for a married couple, $1,980. When the spouse is also blind, income of the couple may not exceed $2,100. Allowances are not payable to a person receiving assistance under the Old Age Assistance Act, an allowance under the Disabled Persons Act or the War Veterans Allowance Act, a pension under the Old Age Security Act or a pension for blindness under the Pensions Act.

British Columbia, Alberta, Saskatchewan and Yukon Territory make supplementary payments to recipients of blindness allowances who qualify under income and residence tests. In British Columbia a flat rate allowance of $24 a month is payable, in Alberta the supplement may not exceed $15 a month, and in the Yukon $10 a month. In Saskatchewan, a minimum of $2.50 a month is payable, rising to a maximum of $10 a month. In Ontario, the government shares to the extent of 80 p.c. in the first $20 a month paid by a municipality to a needy recipient. In Manitoba, the province may pay a social allowance to a recipient of a blindness allowance unable to provide the basic necessities of life.

8. -- Statistics of Allowances for the Blind, by Province, Years Ended March 31, 1957-60

Province and Year	Recipients in Month of March	Average Amount of Monthly Allowance	P.C. of Recipients to Population Age 20-69	Federal Government Contribution during Year
	No.	$		$
Newfoundland.....1957	370	39.47	0.186	132,572
1958	376	54.45(1)	0.190	152,688
1959	407	54.41	0.201	199,975
1960	418	54.15	0.203	200,644
Prince Edward Island..1957	90	37.38	0.170	31,267
1958	96	53.13(1)	0.198	37,568
1959	87	53.48	0.178	43,338
1960	85	53.21	0.170	41,587
Nova Scotia.....1957	714	39.25	0.194	258,095
1958	745	53.92(1)	0.204	312,969
1959	787	53.40	0.215	376,544
1960	773	53.51	0.210	378,592
New Brunswick.....1957	719	39.53	0.251	258,382
1958	715	53.94(1)	0.258	310,481
1959	724	53.90	0.256	357,742
1960	706	53.88	0.246	348,797
Quebec.....1957	2,918	39.32	0.118	1,046,323
1958	2,956	54.41(1)	0.117	1,264,975
1959	3,056	54.06	0.118	1,500,856
1960	3,012	54.06	0.114	1,493,920
Ontario.....1957	1,713	39.09	0.056	613,257
1958	1,720	53.73(1)	0.053	735,344
1959	1,833	50.75	0.055	867,247
1960	1,847	50.27	0.055	839,340
Manitoba.....1957	402	39.60	0.083	147,725
1958	392	54.33(1)	0.082	170,031
1959	409	53.51	0.086	198,649
1960	396	53.29	0.082	195,336
Saskatchewan.....1957	399	38.80	0.081	141,839
1958	412	53.32(1)	0.088	176,095
1959	417	53.01	0.089	203,034
1960	397	53.70	0.084	195,614
Alberta.....1957	418	39.25	0.070	151,071
1958	451	53.63(1)	0.071	188,604
1959	464	53.22	0.072	223,721
1960	459	53.43	0.069	223,443
British Columbia.....1957	482	39.17	0.062	169,387
1958	505	53.67(1)	0.059	213,809
1959	530	53.61	0.060	248,774
1960	541	53.59	0.061	263,063

8. -- Statistics of Allowances for the Blind, by Province, Years Ended March 31, 1957-60 (Cont'd)

Province and Year	Recipients in Month of March	Average Amount of Monthly Allowance	P.C. of Recipients to Population Age 20-69	Federal Government Contribution during Year
	No.	$		$
Yukon Territory.....1957	6	40.00	0.105	2,160
1958	5	46.00(2)	0.068	2,300
1959	5	55.00	0.069	2,506
1960	3	55.00	0.041	1,815
Northwest Territories.1957	25	38.60	0.294	7,447
1958	27	51.85(1)	0.260	10,861
1959	28	51.96	0.270	12,746
1960	34	49.08	0.328	14,936
Canada.....1957	8,256	39.24	0.094	2,959,526
1958	8,400	54.02	0.092	3,575,724
1959	8,747	53.15	0.094	4,235,131
1960	8,671	53.05	0.092	4,197,087

(1) During fiscal year maximum assistance was raised from $40 to $55 a month.
(2) During fiscal year maximum raised from $40 to $46 a month; raised to $55 a month in May 1958, retroactive to Nov. 1, 1957.

Subsection 3 - Allowances for Disabled Persons

The Disabled Persons Act of 1954, as amended, provides for federal reimbursement to the provinces for allowances paid to permanently and totally disabled persons aged 18 or over who are in need and who have resided in Canada for at least ten years immediately preceding commencement of allowance or, if absent from Canada during this period, have been present in Canada prior to its commencement for a period equal to double any period of absence. To qualify for an allowance a person must meet the definition of permanent and total disability set out in the Regulations to the Act. The federal contribution may not exceed 50 p.c. of $55 a month or of the allowance paid, whichever is less. All provinces and territories use a maximum payment of $55 a month. The province administers the program and, within the limits of the federal Act, may fix the amount of allowance payable, the maximum income allowed and other conditions of eligibility.

For an unmarried person, total income including the allowance may not exceed $960 a year. For a married couple the limit is $1,620 a year except that if the spouse is blind within the meaning of the Blind Persons Act, income of the couple may not exceed $1,980 a year. Allowances are not paid to a person receiving an allowance under the Blind Persons Act or the War Veterans Allowance Act, assistance under the Old Age Assistance Act, a pension under the Old Age Security Act, or a mother's allowance.

The definition of permanent and total disability employed under the Act requires that a person must be suffering from a major physiological, anatomical or psychological impairment, verified by objective medical findings. The impairment must be one that is likely to continue indefinitely without substantial improvement and that will severely limit activities of normal living.

The allowance is not payable to a patient in a mental institution or tuberculosis sanatorium. A recipient who is resident in a nursing home, an infirmary, a home for the aged, an institution for the care of incurables or a private, charitable or public institution is eligible for the allowance only if the major part of the cost of his accommodation is being paid by himself or any other individual. When a recipient is required to enter a public or private hospital, the allowance may be paid for no more than two months of hospitalization in a calendar year, excluding months of admission and release, but for the period that a recipient is in hospital for therapeutic treatment for his disability or rehabilitation, as approved by the provincial authority, the allowance may continue to be paid. The provincial authority must suspend the payment of the allowance when in its opinion the recipient unreasonably neglects or refuses to comply with or to avail himself of training, rehabilitation or treatment facilities provided by or available in the province.

9. -- Statistics of Allowances for Disabled Persons, by Province, Years Ended March 31, 1957-60

Province or Territory and Year	Recipients in Month of March	Average Amount of Monthly Allowance	Recipients to Population Age 20-69	Federal Government Contribution during year
	No.	$		$
Newfoundland.....1957	720	39.44	0.363	163,167
1958	822	54.78(1)	0.415	205,845
1959	980	54.69	0.483	302,224
1960	1,128	54.56	0.547	348,586
Prince Edward Island..1957	345	33.94	0.652	65,690
1958	460	52.12(1)	0.950	113,222
1959	596	51.28	1.219	169,016
1960	650	52.73	1.303	197,988
Nova Scotia.....1957	1,465	35.69	0.399	290,339
1958	1,790	52.56(1)	0.491	456,948
1959	2,184	52.65	0.596	662,727
1960	2,484	52.67	0.675	759,333
New Brunswick.....1957	1,262	39.43	0.440	281,859
1958	1,474	54.62(1)	0.531	404,650
1959	1,734	54.24	0.614	552,338
1960	1,874	54.20	0.652	596,463
Quebec.....1957	15,856	38.97	0.642	3,593,395
1958	22,929	53.75(1)	0.905	6,048,901
1959	25,352	53.94	0.980	8,362,518
1960	25,103	54.01	0.951	8,307,354
Ontario.....1957	8,065	39.27	0.262	1,853,110
1958	9,412	54.24(1)	0.289	2,523,956
1959	11,469	53.88	0.345	3,485,924
1960	12,354	53.76	0.365	3,858,355
Manitoba.....1957	819	39.23	0.169	192,867
1958	1,028	54.36(1)	0.215	273,555
1959	1,230	54.14	0.258	381,004
1960	1,376	53.98	0.285	433,097
Saskatchewan.....1957	988	38.68	0.200	221,966
1958	1,146	54.20(1)	0.244	317,011
1959	1,248	54.15	0.266	405,443
1960	1,337	54.28	0.283	433,211
[illegible]	[illegible]	[illegible]	0.209	276,593
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1959	1,648	53.09	0.254	515,932
1960	1,702	53.06	0.256	536,720
[illegible]	[illegible]	[illegible]	0.138	227,926
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1959	1,585	53.98	0.181	490,156
1960	1,866	54.00	0.211	574,686

9. -- Statistics of Allowances for Disabled Persons, by Province, Years Ended March 31, 1957-60 (Cont'd)

Province or Territory and Year	Recipients in Month of March	Average Amount of Monthly Allowance	P.C. of Recipients to Population Age 20-69	Federal Government Contribution during year
	No.	$		$
Yukon Territory.....1957	...	...	...	...
1958	...	...	...	...
1959	2	55.00	0.027	192
1960	3	55.00	0.041	770
Northwest Territories.1957	3	40.00	0.035	440
1958	6	55.00	0.058	1,651
1959	12	54.58	0.116	2,893
1960	12	55.00	0.116	3,951
Canada.....1957(2)	31,835	38.84	0.361	7,167,352
1958(2)	41,840	53.88	0.459	11,091,664
1959	48,040	53.84	0.517	15,330,368
1960	49,889	53.86	0.528	16,050,514

(1) During fiscal year maximum payment increased from $40 to $55 a month.
(2) Excluding Yukon Territory.

In the fifth year of the program, disabilities in the two medical classes, mental, psychoneurotic and personality disorders, and diseases of the nervous system and sense organs were again found to be most prevalent among those persons becoming eligible for an allowance. These classes accounted for 53.9 p.c. of the new cases, an increase over the 47.5 p.c. in the year ended March 31, 1959. Neoplasms and diseases of the respiratory system increased also slightly over the previous year. Other classes, however, such as diseases of the circulatory system, diseases of the bones and organs of movement, and infective and parasitic disease, continued to decline. Mental deficiency, the most frequently occurring disability, rose from one fifth to nearly one quarter of all cases granted an allowance.

British Columbia pays a flat rate supplement of $24 a month to recipients of disability allowances who qualify under a residence test. In Ontario, the government shares to the extent of 80 p.c. in the first $20 a month paid by a municipality to a needy recipient. In Manitoba, the province may pay a social allowance to a recipient of a disability allowance unable to provide the basic necessities of life. In some provinces and in Yukon Territory, recipients in special need may also be eligible for relief.

Subsection 4 - Unemployment Assistance

Under the Unemployment Assistance Act of 1956 as amended in 1957, the federal government may share with a province and its municipalities 50 p.c. of the cost of financial assistance to unemployed persons. No distinction is made in the legislation between the employable and the unemployable.

Reimbursement is made to the province for payments within the existing provincial framework of general assistance. The scale and conditions of relief payments to recipients continue to be determined by the provinces and municipalities, except that the province agrees not to make length of residence a condition for the receipt of assistance when an applicant comes from another province which has signed a similar agreement.

The Act provides for federal sharing of provincial and municipal payments for those in certain types of homes for special care, including homes for the aged and nursing homes.

It excludes federal reimbursement for payments for persons receiving mothers' allowances. Those receiving various types of social security payments under other programs are also excluded but the federal government shares with the provinces any additional relief payments, other than cost-of-living bonuses or across-the-board pension supplements, made to such persons who are

unemployed and in need. Health care and administration costs are also excluded from federal government reimbursement.

All parts of Canada have been participating in this program since the beginning of 1959.

Agreements for the payment of federal assistance, effective July 1, 1955, were made with five provinces - Newfoundland, Prince Edward Island, Manitoba, Saskatchewan and British Columbia. New Brunswick and Ontario entered the scheme, effective January 1, 1956 and December 1, 1956, respectively; and Nova Scotia and Alberta, effective January 1, 1958. At the end of 1958 the Northwest Territories signed an agreement effective January 1 of that year and in 1959 Quebec and Yukon Territory entered into agreements effective July 1, 1958 and January 1, 1959, respectively.

SECTION 3 - PROVINCIAL PROGRAMS

Subsection 1 - Mothers' Allowances

All provinces make provision for mothers' allowances to needy mothers who are deprived of the breadwinner and are unable to maintain their dependent children without assistance. These programs have undergone a number of changes in recent years. Eligibility requirements have been extended and liberalized. A number of provinces are combining mothers' allowances in a broadened program of provincial allowances to several categories of persons with long-term need. There is a tendency to incorporate this legislation with general assistance within a single Act, while continuing separate administration. In British Columbia, on the other hand, aid to needy mothers is provided under the general assistance program and in the same way as to other needy persons.

Subject to conditions of eligibility which vary from province to province, mothers' allowances are payable from provincial funds to applicants who are widowed or whose husbands are mentally incapacitated and, except in Alberta, to those whose husbands are physically disabled and unable to support their families. They are also payable to deserted wives who meet specified conditions; in several provinces to mothers whose husbands are in penal institutions, or who are divorced or legally separated; in some, to unmarried mothers; and in Ontario, Quebec, and Nova Scotia to Indian mothers. Foster mothers may be eligible under particular circumstances in most provinces.

The number of families and children assisted and amounts of benefits paid as at March 31, 1959 and 1960 are given in Table 11 and rates of benefit as at July 1960 in Table 12.

10. -- Unemployment Assistance, by Province, Years Ended March 31, 1957-60

Province or Territory and Year	Federal Share of Unemployment Assistance Costs	Recipients in March
	$	No.
Newfoundland.....1957	1,562,058	39,489
1958	1,787,626	45,799
1959	3,269,622	58,264
1960	3,529,898	52,505
Prince Edward Island.....1957	54,036	1,532
1958	73,010	1,724
1959	83,622	1,418
1960	113,912	2,258
Nova Scotia.....1958(1)	76,273	5,083
1959	431,001	9,209
1960	664,878	11,093
New Brunswick.....1957	32,887	3,797
1958	94,217	5,800
1959	265,812	7,589
1960	360,559	9,077
Quebec(2).....1959	4,128,915	52,059
1960	6,085,922	62,446
Ontario.....1957(3)	640,103	37,512
1958	3,644,779	61,623
1959	10,127,817	79,385
1960	11,669,544	83,762
Manitoba.....1957	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
1959	2,067,829	16,065
1960	2,868,333	20,165
Saskatchewan.....1957	512,678	10,123
1958	813,080	12,873
1959	1,492,338	15,507
1960	1,823,968	18,920
Alberta.....1957(3)	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
1960	2,098,350	17,636
British Columbia.....1957	[illegible]	21,289
[illegible]	[illegible]	[illegible]
1959	6,001,341	39,388
1960	7,305,454	42,876
Yukon Territory.....1959(4)	6,687	101
1960	32,642	147
Northwest Territories.....1958(1)	3,868	81
1959	15,765	157
1960	26,197	174
Totals.....1957	5,770,310	123,578
1958	10,816,870	182,135
1959	29,738,497	295,041
1960	36,579,658	321,059

(1) Agreement effective January 1, 1958.
(2) Agreement effective from July 1, 1958. Payments represent 80 percent of the amount claimed pending completion of the audits ar[illegible] has been made for the number of persons assisted.
(3) Agreement effective from December 1, 1956.
(4) Agreement effective from January 1, 1959.

The age limit for children is 16 years in most provinces with provision made to extend payment for a specified period if the child is attending school or if he is physically or mentally handicapped. In all provinces applicants must satisfy conditions of need and residence but the amount of outside income and resources allowed and the length of residence required prior to application vary, the most common period being one year, although in one province it is five years. Two provinces have citizenship requirements.

In each province the relevant legislation is administered by public welfare authorities. In some provinces a Mothers' Allowances Board or Commission makes the final decision regarding eligibility and the amount of allowances granted, or acts in an advisory capacity.

11. -- Mothers' Allowances, by Province, as at March 31, 1959 and 1960

Province and Year	Families Assisted	Children Assisted	Payments
	No.	No.	$
Newfoundland.....1959	3,770	10,250(1)	2,859,072(1)
1960	4,024	12,898	3,225,273(1)
Prince Edward Island.....1959	276	729	128,982
1960	267	683	130,510
Nova Scotia.....1959	2,196	5,483	1,887,882
1960	2,210	5,707	1,920,450
New Brunswick.....1959	2,235	6,495	1,365,075
1960	2,213	6,507	1,377,985
Quebec.....1959	22,403	64,969	18,991,476
1960	25,778	72,178	20,156,395
Ontario.....1959	9,433	22,632	11,033,373
1960	9,722	23,790	12,139,979
Manitoba.....1959	823	2,263	1,324,993
1960	1,209	3,300(2)	1,900,000(2)
Saskatchewan.....1959	2,222	5,491	2,030,322
1960	2,242	5,563	1,949,697
Alberta.....1959	2,093	4,768	1,857,031
1960	2,272	5,153	2,084,682
British Columbia(3).....1959	..	..	..
1960	..	..	..
Canada(4).....1959	45,451	123,080	41,478,206
1960	49,937	135,779	44,884,971

(1) Approximate.
(2) Approximate. Caseload transferred to the social assistance program.
(3) Caseload transferred to social assistance and no separate figures available.
(4) Exclusive of British Columbia (see footnote 3).

12. -- Maximum Monthly Rates under Provincial Mothers' Allowances Programs, July 1960

Province	Mother and One Child	Each Additional Child	Disabled Father at Home	Family Maximum	Supplementary
Nfld.....	Food: $35 or $37 depending on age of child. Clothing: $5 for each person. Rent: up to $20 monthly in rural and to $30 monthly in urban areas. Fuel: up to $10.	Food: $10 for each child under age 16. $12 for each child age 16 or over. Clothing: $5.	$20	None set.	In special circumstances up to $30 a month additional if necessary for proper support of family.
P.E.I.....	$45	$5	No additional allowance granted.	$75	None granted.
N.S.....	No set maximum; rates are based on average family income for community in which family lives. $40	$5	Included in budget on which allowance is based.	$90	None granted.
N.B.....	$35	$10	No additional allowance granted.	$90	Director may grant an additional $10 for rent if circumstances require it but only if allowance paid is below maximum.
Que.....	$60	$10	$10	None set (minimum granted $5).	A supplementary allowance of $5 may be paid to a beneficiary incapable of working. Where need exists a special monthly allowance may be paid under the Quebec Public Charities Act through the municipality or a social agency. The cost is met in large part by the province, with some contribution by the municipality.

12. -- Maximum Monthly Rates under Provincial Mothers' Allowances Programs, July 1960 (cont'd)

Province	Mother and One Child	Each Additional Child	Disabled Father at Home	Family Maximum	Supplementary
Ont.....	$120 for mother or father and one child. $30 for one child living with foster mother.	$16 for 2nd child $14 for 3rd child $12 for 4th child $10 for 5th child $8 for 6th child $25 for 2nd foster child $15 for each additional foster child.	Included in budget on which allowance is based.	$180	An increase in food allowance may be granted on medical recommendation. A fuel allowance of up to $24 a month may be granted from Sept. 1 to Mar. 31. An increase of 20 p.c. in fuel allowance may be granted under special circumstances.
Man.....	Food, clothing and personal needs: $52-$64 depending on age of child. Shelter: rent to $55, or taxes, insurance and minor repairs up to $20, principal and interest on mortgage or agreement for sale up to $55 less taxes.	$14 for child up to 3 years. $16 for child 4-6 years. $21 for child 7-11 years $26 for child 12-18 years (Subject to deductions for fourth and each additional child).	$25	None set.	$10 for rent if necessary. Housekeeper service as required. Fuel allowance for eight months. For special needs not covered by basic schedule items, up to $150 a year.
Sask.....	$60 $75 for one child living with a guardian.	$10 $20 for each child living with guardian.	$20 Also if confined to a nursing home or sanatorium.	$150 $170 if disabled father at home, in nursing home or sanatorium.	The local municipality may grant supplementary aid under the Social Assistance program. In unorganized territories the province assumes full cost.

12. -- Maximum Monthly Rates under Provincial Mothers' Allowances Programs, July 1960 (cont'd)

Province	Mother and One Child	Each Additional Child	Disabled Father at Home	Family Maximum	Supplementary
Alta.....	$70	$20 for 2nd and 3rd child $15 for 4th to 6th child $10 for 7th to 9th child	Not applicable.	$185	Municipalities of residence may grant additional aid, 80 p.c. of the cost of which is reimbursed by the province; in unorganized territories the province assumes full cost.
B.C.....	Allowances to needy mothers provided with other types of allowance under the Social Assistance Act, and not separable.		...	...	...

Subsection 2 - Provincial and Local Welfare Services

General assistance or relief and the various welfare services associated with this form of aid, as well as the care of the aged and the protection and care of neglected and dependent children, are governed by provincial welfare legislation. Administrative and financial responsibility is shared by the province and its municipalities. Provincial administration of welfare as of other provincial assistance is carried out through the department of public welfare or of health and welfare in each province. Several provincial welfare departments have established regional offices for administrative purposes and to provide consultative services to the municipalities.

Significant changes have taken place in provincial programs in the past few years. New or revised legislation or new procedures in a number of provinces have laid the foundation for improved standards of service and administration, and reappraisal of services is continuing.

Notable program changes in the field of general assistance or residual aid have been accompanied in several provinces by redistribution of costs between the province and the municipalities, and progress has been made in setting up minimum standards of administration and encouraging uniform rates of assistance throughout the province. The financial contribution of the federal government to the provinces for unemployment assistance (see p.37) has doubtless been an important contributing factor in the realignment of provincial-municipal responsibilities.

All provinces are giving some consideration to the need for integrated planning on behalf of older citizens. A number have increased their capital or maintenance grants to municipalities and to voluntary groups for homes for the aged and are also assisting in the construction of low-rental housing projects.

The main efforts in child welfare have been directed toward improvement of standards and greater flexibility of services, with particular emphasis on preventive casework services for children in their own homes, development of specialized children's institutions and the finding of adoption homes for all children in need of them.

An impressive number of voluntary agencies also contribute to community welfare including the welfare of families and children and of groups with special needs, such as the aged, recent immigrants, youth groups, and released prisoners. Family welfare agencies or combined family and child welfare agencies in urban centres, for example, offer casework services to families in need of counselling on such problems as marital relations, parent-child

relations and family budgeting. Counselling and recreational services for older or retired people are being developed by many agencies and child and youth organizations with recreational and character-building programs offer group participation in physical education, camping, the development of special skills, and other opportunities for healthful activity. Welfare councils and community planning councils contribute to the planning and co-ordinating of local welfare services.

Local voluntary agencies and institutions are usually incorporated under provincial law. They may receive public grants, depending on the nature and standard of the services they render, although, with the exception of the semi-public children's aid societies, their main support may be from united funds or community chests, or from sponsoring organizations.

Welfare services, public and private, are hampered by the continued shortage of qualified social workers. Short university courses in social work, periodic study institutes, and a more formal approach than in the past to in-service training are being developed to improve staff qualifications. A number of provincial departments are granting education leave with pay or bursaries to enable selected staff to attend schools of social work.

General Assistance. - All provinces make legislative provision for general assistance on a means test basis to needy persons and their dependents who cannot qualify for other forms of aid, and some provinces include those whose benefits under other programs are not adequate. This assistance, with some exceptions, is administered by the municipality with substantial financial support from the province. In most provinces assistance is given for food, clothing, shelter and utilities, but it may also include incapacitation or rehabilitation allowances, post-sanatorium allowances, maintenance costs of boarding or nursing home care, counselling, and homemaking services.

The provincial departments of public welfare have regulatory powers over municipal administration of general assistance. Several provinces recommend rates of assistance as a guide to municipalities, and some specify rates at which payments must be paid if a municipality is to qualify for provincial reimbursement. Specified standards of administration may also be a requirement. The province may take the responsibility for aid in unorganized areas and for the cost of aid to certain categories of persons, such as transients. With the introduction of reimbursement plans designed to equalize municipal responsibility, British Columbia and Saskatchewan abolished municipal residence requirements. In 1960, Quebec also abolished municipal residence requirements with the reorganization of the assistance program. In other provinces the residence of the applicant, as defined by statute, determines the financially responsible authority. Under the Unemployment

Assistance Act all provinces have agreed that residence shall not be a condition of assistance for applicants who come from other provinces. For persons without the required length of residence, usually one year, in a province, aid may be given by the province or the municipality, for which a chargeback may or may not be made to the municipality of residence.

Various financial arrangements are in effect for sharing the costs of general assistance between the province and the municipality. In Newfoundland, such assistance is the responsibility of the province and is administered by the Department of Public Welfare. In Prince Edward Island, the Department of Welfare and Labour provides direct social assistance in rural areas and assumes 75 p.c. of the cost of assistance granted by the City of Charlottetown and the incorporated towns and villages. The Department also operates a province-wide program of financial aid to families where the breadwinner is suffering from tuberculosis and is unable to support the family. In Nova Scotia, social assistance is administered by the municipality, which receives reimbursement from the Department of Public Welfare for two thirds of the cost of assistance given and one half of the cost of administration.

In New Brunswick, the administration of assistance to needy persons was completely reorganized under the Social Assistance Act, 1960. This Act enables the province for the first time to share with the municipalities in the costs of the general assistance program. The province reimburses each municipality to the extent of one dollar per capita of the population plus 70 p.c. of expenditures in excess of that amount, and also pays 50 p.c. of the cost of administration.

In Quebec the program of general assistance was revised through an amendment to the Quebec Public Charities Act, effective January 1, 1960. The province reimburses municipal departments or authorized agencies for the full cost of aid to persons in their own homes and administers aid to persons who are unfit to work for at least 12 months. The cost of aid to unemployable persons in homes for special care, including nursing homes, is borne two thirds by the province and one third by the institution.

In Ontario, the Department of Public Welfare reimburses municipalities, up to a prescribed maximum, for 80 p.c. of their expenditures on aid to needy persons and on incapacitation allowances for single needy handicapped residents.

The Social Allowance Act of Manitoba, passed in 1959, transferred from the municipalities to the province responsibility for administering and financing aid to mentally or physically incapacitated persons whose disability is likely to last more than 90 days, and to persons unable to work because of their age. All

to other needy persons, termed "indigent relief", remains under the municipalities. The Department of Health and Public Welfare reimburses the municipalities to the extent of 40 p.c. of the costs, or at a higher rate if costs exceed a specified amount. In Saskatchewan, through the Department of Social Welfare and Rehabilitation, the province bears approximately 93 p.c. of the cost of assistance granted by the municipalities to needy persons. The municipalities are assessed annually on a per capita basis for about 7 p.c. of the over-all cost of social aid, and the province reimburses each municipality for all actual expenditures. In Alberta, the province reimburses the municipalities for 80 p.c. of the value of the assistance given. The Department of Public Welfare maintains two hostels and one welfare centre to care for unemployable single homeless men without municipal domicile.

The Province of British Columbia, through the Department of Social Welfare, reimburses the municipalities on a pooled basis for 90 p.c. of the total cost of social assistance to needy persons. Also, the province shares equally with the municipalities expenditures on salaries of social workers; a municipality with fewer than 15,000 population may arrange to have the Department undertake social work within the municipality and reimburse the Department at the rate of 30 cents per capita per year.

Care of the Aged. - Homes for the aged under provincial, municipal or voluntary auspices are provided for the aged and infirm in all provinces. Voluntary homes generally are provincially inspected in accordance with prescribed standards and in some provinces must be licensed. Most provinces contribute to the maintenance of elderly persons in homes for the aged either through general assistance or through statutes which relate particularly to these homes. Also, as previously indicated, 50 p.c. of the payments on behalf of assistance cases in homes for the aged and infirm (homes for special care) are met by the federal government.

Several provinces make capital grants towards the construction of homes, and in four provinces capital grants are also available to municipalities, voluntary organizations, or limited-dividend companies for the construction of low-rental housing.

Newfoundland maintains a Home for the Aged and Infirm at St. John's and also pays, in whole or in part, the cost of maintaining needy old people in homes for the aged and boarding homes. In 1955, a grant of 20 p.c. of costs, to be paid over a ten-year period, was made to a religious organization for the construction of a home, and provision is made for grants to similar projects under other auspices. The province is authorized by the Senior Citizens (Housing) Act, 1960, to guarantee the repayment of loans made under section 16 of the National Housing Act when they are made to limited-dividend companies constructing hostels or housing

for the elderly. Payment of the cost of operating hostels or housing projects may also be guaranteed. The aged and infirm in Prince Edward Island are cared for in two institutions, the Home for the Aged and Beach Grove. Both of these are operated by the Department of Welfare and Labour. In Nova Scotia, the aged are cared for in municipal or county homes, in homes operated by religious or private organizations and in private boarding homes. The province reimburses the municipalities for two thirds of their expenditures for the maintenance of needy persons in municipal homes, subject to compliance with specified standards of care and accommodation. Homes for the aged receiving aid from the provincial government are subject to provincial inspection. Homes for the aged in New Brunswick are operated under municipal, religious, fraternal and private auspices, and receive no direct financial support from the province. Voluntary and proprietary homes are subject to provincial licensing and inspection and must meet standards contained in regulations under the Health Act. Under the Social Assistance Act, 1960, the province for the first time contributes to the maintenance of needy persons in municipal homes.

Institutional care for indigent old people in Quebec is provided through charitable institutions under the Public Charities Act. The Homes for the Aged Act authorizes the province to erect and maintain homes for the aged and housing projects, or to make grants to voluntary organizations for this purpose. Standards in homes are governed by regulations under the Public Health Act.

Under the Ontario Homes for the Aged Act, municipalities must provide institutional or boarding home care for the aged. The province contributes 50 p.c. of the costs of constructing approved homes and 70 p.c. of their net operating and maintenance costs. It also pays up to 70 p.c. of the costs of maintenance in approved boarding homes. Homes for the aged under voluntary auspices are approved, inspected and assisted under the Charitable Institutions Act, which provides for grants in aid of construction equalling 50 p.c. of costs up to $2,500 per bed and maintenance grants of 75 p.c. of the amount spent by the organization up to $3.40 per day for each resident. The Elderly Persons Housing Aid Act provides for grants to limited-dividend housing corporations building low-rental housing for elderly persons.

Institutions and boarding homes for the aged and infirm in Manitoba are supervised and licensed by the Department of Health and Public Welfare under public health legislation. Under the Elderly Persons Housing Act, the province makes construction grants to municipalities and charitable organizations, equalling one third of the costs of constructing or acquiring and renovating housing accommodation and homes for the aged. Grants may not exceed $1,400 and $1,667 for one-person and two-person housing units, respectively; $1,200 per bed for new homes for the aged and $700 per bed for homes that have been renovated. Under the Social Allowances Act, 1959, the entire cost of assistance to those who,

because of age or incapacity, require care by another or in a home for the aged for more than 90 days is borne by the province.

Aged and inform persons in Saskatchewan are cared for in four provincial nursing homes and in voluntary homes for the aged. The latter are inspected and licensed under the Housing Act. This Act also empowers the province and municipalities to subscribe to the stock of limited-dividend housing companies building low-rental accommodation for older persons; the province may also make loans to municipalities to assist them in subscribing. Capital grants amounting to 20 p.c. of construction costs and maintenance grants equalling $40 per bed per year may be made to municipalities, churches or charitable organizations sponsoring approved homes or housing projects. Costs of maintaining needy persons in homes for the aged are shared by the province and the municipalities under the Social Assistance Act.

Under what are termed "master agreements", the Province of Alberta bears the cost of constructing and equipping homes for the aged and housing units on municipal land. Projects are operated by provincially incorporated foundations which include municipal councilmen in their membership; net costs of operation are borne by the municipalities. The province also meets up to 80 p.c. of the cost incurred by municipalities for the maintenance of elderly persons in housing projects and municipal or private homes. Private homes are municipally licensed.

British Columbia operates the Provincial Home for Elderly Homeless Men, the Provincial Infirmary for the chronically ill and, for senile and psychotic patients, three provincial homes for the aged. It also licenses and supervises homes for the aged and boarding homes and, where necessary, shares with the municipalities on a 90-10 basis the cost of maintaining needy residents. Under the Elderly Persons Housing Aid Act the province makes grants amounting to one third of construction costs of municipalities and non-profit corporations, including religious and service organizations, engaged in building homes or low-rental housing units for elderly citizens.

Child Care and Protection. - Child welfare services, which include child protection and care, services for unmarried parents, and adoption services, are provided in all provinces under provincial legislation and are administered by some central authority, usually a division of child welfare within the department of welfare. Except in Quebec, where the province does not administer services directly, the program may be administered by the provincial authority itself or the responsibility may be delegated under provincial child welfare Acts to local children's aid societies, that is, to voluntary agencies with boards of directors, operating under charter and under the general supervision of provincial departments. In Quebec, child welfare services are administered

by recognized voluntary agencies and institutions, religious and secular. In Newfoundland, Prince Edward Island, Saskatchewan and to a large extent in Alberta, they are administered by the province; in the larger urban centres of Alberta there is some delegation of authority to the municipality. In Ontario and New Brunswick, a network of local children's aid societies, operating under statutory authority, is responsible for the services. In Nova Scotia, Manitoba and British Columbia, services are administered by local children's aid societies in the heavily populated areas and by the province in other areas.

Children's aid societies and the recognized agencies in Quebec receive substantial provincial grants and sometimes municipal grants and in many areas they also receive support from private subscriptions or from community chests or united funds. Maintenance costs for children in care of a voluntary or public agency may be borne entirely by the province -- as in Alberta, Manitoba, Prince Edward Island and Newfoundland -- or partly by the municipality of residence and partly by the province.

The child welfare agencies, whether provincial offices or authorized private agencies, have the authority to investigate cases of alleged neglect and, if necessary, to apprehend a child and to bring the case before a judge upon whom rests the responsibility of deciding whether in fact the child is neglected. When neglect is proved, the court may direct that the child be returned to his parent or parents, under supervision, or be made a ward of the province or a children's aid society or, in Quebec, be placed under the authority of a suitable person or agency. The appropriate agency is then responsible for making arrangements to meet the needs of the child in so far as community resources permit. The services may involve casework with families in their own homes, or care may be provided in foster boarding homes, in adoption homes or, for children who need this form of care, in selected institutions. Children placed for adoption may be wards or they may be placed on the written consent of the parent. Special efforts, which are meeting with considerable success, are being made to find suitable homes for children found difficult to place for adoption because of age, disability or ethnic differences. Adoptions, including those arranged privately, number about 11,000 annually.

Child welfare agencies make use of the small selective institution for placement of children who are forced to be away from their own homes for a short period or who may need preparation for placement in foster homes, and also for teen-age children who may find it easier to fit into a group setting than into a foster home. A growing number of institutions are meeting this demand for special care by a reduction in size or reorganization into small units and by the introduction of training courses for staff and other measures for the improvement of standards. The

development of small, highly specialized institutions, which function as treatment centres for emotionally disturbed children, has been of particular significance in recent years.

Institutions for children are governed by provincial child welfare legislation or by special statutes dealing with welfare institutions, and by provincial or municipal public health regulations. The institutions are generally subject to inspection and in some provinces to licensing, and are usually required to make reports to the province on the movement of children under their care. Sources of income may include private subscription, provincial grants, and maintenance payments on behalf of children in care, payable by the parents, the placing agency, or the responsible municipal or provincial department.

Services to unmarried parents include casework services to the mother and possibly to the father, legal assistance in obtaining support for the child from the father, and foster-home care or adoption services for the child. If necessary, support for unmarried mothers may be obtained under general assistance programs. In many centres, homes for unmarried mothers are operated under private or religious auspices.

Except in Ontario, day nurseries for the children of working mothers have been established only in the larger centres; these are under voluntary auspices and in four provinces subject to licensing. In Ontario, where municipal day nurseries have been established in most of the industrial centres, a Day Nurseries Act sets out standards for operation and licensing to be met by all agencies offering day-care services. It also provides for reimbursement of one half of the operating and maintenance costs of municipal day nurseries.

PART III - NATIONAL VOLUNTARY HEALTH AND WELFARE ACTIVITIES

A number of national voluntary agencies carry on important work in the provision of health and welfare services, planning research and education. These agencies, some of which are described below, supplement the services of the federal and provincial authorities in many fields and play a leading role in stimulating public awareness of health and welfare needs and in promoting action to meet them.

The Canadian Welfare Council. - The Council, established in 1920, is a national voluntary association of organizations and individual citizens whose aim is to further the advancement of social welfare in Canada. Member organizations include community funds and councils, other private social agencies, various federal, provincial and municipal departments, and citizen groups and

individuals active in the fields of health, welfare and recreation. It furnishes authoritative information, technical consultation and field service in the main areas of social welfare and provides a means of co-operative planning and action by public and private agencies.

The policies and programs of the Council are determined by its members under the leadership of a nationally representative board of governors. Aided by professional staff, the members work together through Divisions of Family and Child Welfare, Public Welfare, Corrections and Recreation and Community Funds and Councils, and through special committees on such subjects as social security welfare of immigrants and the aging. Departments of the Council include the Information and Research Branches and French Speaking Services. The Council publishes periodicals entitled Canadian Welfare and Bien-Etre Social Canadien, and the Canadian Journal of Corrections, a directory of Canadian welfare services, pamphlets, and division bulletins.

The Canadian Diabetic Association. - Formed in 1953 with headquarters in Toronto, the Association has 22 branches in various parts of the country and a French-language affiliate, Association du Diabete, in Quebec. The aims of the organization are to promote public education regarding diabetes, to detect unrecognized cases, to teach diabetics self-care and to conduct research. The branches support various services such as free diet counselling, summer camps for diabetic children and adults, and hold "model schools" or institutes from time to time in many cities.

The Canadian Red Cross Society. - Established in 1896 in Canada, the Society is affiliated with the International Red Cross and has branches in all ten provinces with a national headquarters in Toronto. Its objectives, defined in its Charter, are "... in time of peace or war to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering throughout the world". Red Cross Society activities are very broad, ranging from national and international disaster relief services to the support of local projects. One of the major activities in Canada is the operation of a national blood transfusion service, which includes collecting and supplying free of charge, for hospital use, blood provided by voluntary donors. The Society also maintains outpost hospitals, nursing stations and emergency units in several provinces and provides an arts and crafts program and other welfare services in veterans hospitals. The Junior Red Cross promotes health education through its schoolroom branches across Canada; it supports a special fund to supply treatment to indigent handicapped children in Canada and a fund to promote understanding among school children of different countries.

The Canadian Foundation for Poliomyelitis and Rehabilitation. - The Foundation was formed in 1948 to assist poliomyelitis victims, but in 1958, because of the protection afforded by the Salk vaccine, it broadened its scope to initiate projects for the rehabilitation of persons disabled by other diseases. Through the Chapters organized in ten provinces the expanded program, financed mainly by the March of Dimes, supports treatment facilities in hospitals and rehabilitation centres and provides direct services to disabled persons in need of treatment, training, and other personal aid. Other aims of the Foundation are to carry out public education and research concerning disabling conditions and to assist in the training of professional personnel. Recent projects have included the organization of anti-polio vaccination clinics, transport of iron lungs and the formation of iron lung pools, and casefinding surveys in various provinces. The national office is in Montreal.

Victorian Order of Nurses.* - Since its inception in 1897, the Victorian Order of Nurses has provided a professional home nursing and health counselling service to patients with any type of illness and regardless of their financial status. In all provinces except Prince Edward Island, the association's nurses carry out bedside nursing, prenatal, postnatal and newborn care under medical direction with emphasis upon chronic conditions. In some provinces they also assist provincial health authorities in tuberculosis and venereal disease programs and conduct child health clinics. In 1960 the Order employed 654 nurses in 119 branches whose services are available to over one-third of Canada's population. The national office is in Ottawa.

The Canadian National Institute for the Blind. - Since 1918 the Canadian National Institute for the Blind has been the only national agency providing a complete social welfare service to the blind and prevention services to the visually impaired. The national office, located in Toronto, supports the seven regional divisions covering all provinces and the 48 local branches serving 23,802 registered blind persons and 76,575 prevention cases in 1960. Through its Eye Services, free to those in need of assistance, the Institute arranges for eye examinations and pays for medical treatment, glasses and visual aids; it also supports the operation of several Low Vision Aid Clinics and seven Eye Banks in the main cities. Social, vocational, recreational, and educational services for the blind are provided at 19 service centres to which workshops and residences are attached. Home teachers visit the newly blinded of all ages including pre-school age children to teach them independence in daily living and other

---

* Details of the home nursing services of the Order are given in the 1957-58 Year Book, pp. 269-270.

skills such as Braille, typing and handicrafts. Placement officers furnish vocational counselling and arrange for training and employment. Where possible the blind are placed in jobs in general industry, in the 425 C.N.I.B. concession stands and canteens or in farming and small businesses; other are gainfully employed in the Institute's industrial and sheltered workshops. The National Library circulates Braille magazines, books and recordings and supplies a transcription service to students.

The Health League of Canada. - The Health League of Canada first established in 1918 as a National Committee for Combatting Venereal Disease, now embraces about 75 national member associations supporting a wide variety of public health education activities to prevent disease and raise health standards. Its standing committees are concerned with various aspects of public health such as immunization, milk pasteurization, fluoridation of water, industrial health, nutrition, gerontology and other fields. The program is administered from a national office in Toronto, usually working through the affiliated organizations. Educational efforts include the provision of speakers for meetings and the preparation of radio scripts, health education films and literature; a magazine "Health" is published bi-monthly and weekly news bulletins are released to the press. The League also sponsors a National Health and National Immunization Week.

St. John Ambulance Association. - The Order of the Hospital of St. John of Jerusalem began as a local unit in Montreal in 1884 and was incorporated on a national basis in 1910. The organization is composed of two parts - the St. John Ambulance Association and the St. John Ambulance Brigade. The first is devoted to teaching first aid and home nursing, used extensively by Civil Defence, armed forces, workmen's compensation and industrial personnel, and the latter to directing the emergency corps of trained personnel. The Brigade maintains first aid posts at large public gatherings and operates ambulance services in several provinces. Headquarters of the Association is in Ottawa, with provincial divisions in nine provinces controlling their own programs and financing the operation of their local branches.

The Canadian Tuberculosis Association. - Founded in 1900 to increase treatment facilities for tuberculosis patients, the Association's objective is the control and ultimate eradication of tuberculosis. The national office in Ottawa together with the ten provincial associations and 175 local branches co-operate with the public health agencies in promoting adequate facilities for prevention, diagnosis, treatment and rehabilitation. The provincial associations assist in case finding by means of mass x-ray and tuberculin testing surveys of specific areas and groups, and carry out extensive health education work; most associations also participate in the follow-up and rehabilitation of ex-patients. The publication of educational materials and periodicals and organization

of the annual Christmas Seal campaign, the principal source of funds, is centred in the national office, which makes it consultant services available to federal and provincial health departments.

The National Cancer Institute of Canada. - The National Cancer Institute, composed of persons representing professional societies and agencies concerned with cancer research and therapy, was founded in 1947 to develop a nationally co-ordinated research and professional education program. The Institute promotes fundamental research through selected projects in universities, hospitals and research centres, maintains a Canadian Tumour Registry, provides training fellowships and, in co-operation with the Canadian Medical Association and medical schools, promotes professional education on cancer topics. The Institute receives support from federal and provincial grants and from the Canadian Cancer Society; research work on lung cancer is being supported by the Canadian Tobacco Industry.

The Canadian Hearing Society. - Organized in Toronto in 1940 as the National Society of the Deaf and the Hard of Hearing, the Society operates chiefly in Toronto and the surrounding area. It is concerned with the preservation of hearing, the treatment of deafness and the provision of rehabilitation services for those with impaired hearing, including war veterans and children. It provides otological examination, counselling, vocational guidance and job placement services for the deaf or hard-of-hearing, and hearing aids to indigent persons.

The Canadian Mental Health Association. - Since its organization in 1918 as the National Committee for Mental Hygiene, the Association has initiated numerous measures to promote mental health and the best possible care of the mentally ill. Its program of public education, professional and lay training, services to the mentally ill, consultative services and research is carried out by the national office in Toronto, nine provincial divisions and 91 community branches. To develop public understanding of mental health principles the Association sponsors discussion groups and prepares a variety of educational materials including films for the press, radio, and T.V., and for professional personnel. Services to mental patients have grown rapidly as branches have established information and referral centres in 36 communities, volunteer hospital visiting programs, White Cross rehabilitation centres and other personal services to patients and families. Through various studies of mental health problems and the National Mental Health Research Fund, set up in 1957, the Association has stimulated new approaches to prevention and treatment in this field.

The Canadian Cancer Society. - Organized in 1938 to co-ordinate voluntary activities and disseminate knowledge in the cancer field, the Canadian Cancer Society operates in all provinces and has its national office in Toronto. Its services include a public education program, welfare services such as transportation, home nursing and cancer dressings to needy persons, and fellowships to medical graduates for advanced study in cancer. Voluntary subscriptions to the Society provide the major source of funds for the basic research program of the National Cancer Institute of Canada. The Society also sponsors clinical research projects and supports the establishment of new research facilities.

National Heart Foundation of Canada. - The Canadian Heart Foundation, formed in 1947 by physicians to co-ordinate research and disseminate information, was replaced by the National Heart Foundation of Canada in 1956. Its membership consists of lay and medical individuals and organizations interested in promoting research on cardiovascular diseases and in both public and professional education. Medical research projects are financed by voluntary donations to the national Heart Fund as well as by federal and provincial grants. The Foundation's national office is in Toronto; provincial divisions have been established in eight provinces.

The Canadian Paraplegic Association. - The Association was formed in 1945 by a group of paraplegic veterans to ensure provision of adequate treatment and rehabilitation facilities for all persons suffering paralysis caused by disease or injury. Through its national office in Toronto and five regional divisions, the Association's program covers medical and vocational services, prosthetic appliances and personal aids and other activities to promote the social well-being of paraplegics. A comprehensive rehabilitation service is provided at Lyndhurst Lodge Retraining Centre in Toronto, owned by the Association, and other care by arrangement with a number of veterans and general hospitals and rehabilitation centres. The Association, in turn, furnishes special services to veterans and workmen's compensation cases on a repayment basis.

The Canadian Council for Crippled Children and Adults. - The Council was established in 1937 to co-ordinate and support activities for the care and rehabilitation of physically handicapped children. The first provincial organization was formed in Ontario in 1922 and similar organizations, which have remained autonomous, now exist in all provinces. In 1954 the scope of the Council's interests was broadened to include the adult handicapped and with the establishing of a national office in Toronto headed by an executive director, the Council has since sponsored various projects in the areas of prevention, research and public education. Programs in the provinces vary, ranging from casefinding, the establishment of cerebral palsy clinics and children's rehabilitation centres and the operation of summer camps to payment for

treatment services, prosthetics, and other services. In most provinces, service clubs raise funds to support the work of the organization, particularly through the sale of Easter Seals.

The Canadian Arthritis and Rheumatism Society. - Established in 1948 to promote research, professional education and treatment services in the field of rheumatism and arthritis and to disseminate factual information, the Society has branches operating in all provinces except Prince Edward Island and Newfoundland; its national office is in Toronto. Medical advisory boards in each of the eight provinces and one at the national level give advice and guidance to the provincial and national directors. The Society sponsors an educational program both for the general public and for physicians and maintains out-patient clinics in general hospitals for the treatment of low-income patients. Its branches have pioneered in the operation of mobile physiotherapy units, now numbering 75, bring treatment to homebound patients and in four provinces support a mobile consultative service. All divisions have liaison with employment agencies and vocational training schemes. Services are usually free or for a nominal amount. The national body promotes research projects in various universities and institutions and provides clinical fellowships to physicians in all parts of Canada.

Multiple Sclerosis Society of Canada. - The Society has been organized since 1948 to support research in multiple sclerosis and allied diseases and to educate the public on the social problem of multiple sclerosis. Its 20 local chapters located in eight provinces raise funds mainly for research but they also provide welfare services to patients in need of wheelchairs and other personal aids. Grants for eight research projects and fellowships, administered from the national office in Montreal, amounted to over $46,000 in 1960.

The Canadian Association for Retarded Children. - The Association was incorporated in 1958 to assist and give co-ordinated direction to the work of a growing number of organizations for the mentally retarded, now represented by 10 provincial and some 175 local groups. Membership of the locals exceeds 11,000 most of whom are parents of mentally retarded children. The Association promotes the establishment of clinics, day schools, institution workshops, and recreational programs; it also supports and encourages research into the causes of mental deficiency. Increasing numbers of day classes offer training opportunities within the community for mentally retarded children who are not acceptable for regular school instruction. Financial support comes from local fund-raising campaigns, community chests, and, in varying degrees, from provincial departments of education. A national office was opened in Toronto in 1959.

The Muscular Dystrophy Association of Canada. - This Association was organized in 1954 to stimulate and unify research efforts into the cause, nature and treatment of muscular dystrophy and related diseases and to promote the establishment of facilities for diagnostic, consultative and treatment services. Under the direction of a national office in Toronto supported by 19 local chapters its chief activity is the support of basic and applied research projects in medical schools and other centres across the country. In addition to raising funds for research projects, local chapters provide various patient services including personal aids, appliances and transportation.

Health and welfare services in Canada